Individual, Organizational, and Job Factors Affecting the Quality of Work Life Among Navy Nurse Corps Officers

LCDR Thomas F. Hilton, MSC, USN

Report 1-87

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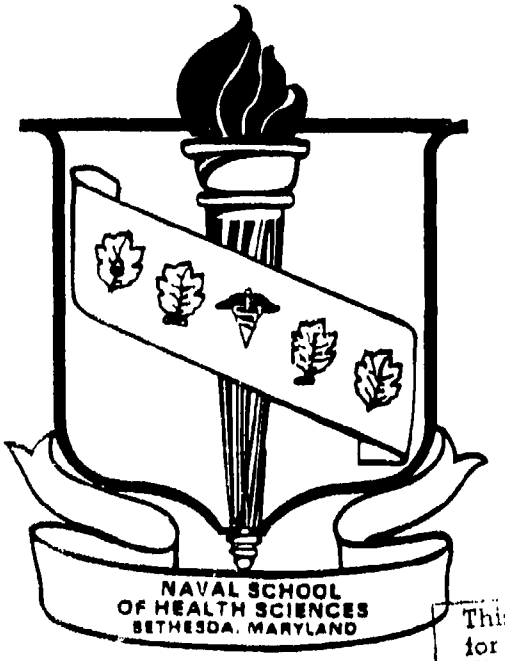

NAVAL SCHOOL OF HEALTH SCIENCES
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NAVAL HEALTH SCIENCES EDUCATION & TRAINING COMMAND
BETHESDA MARYLAND

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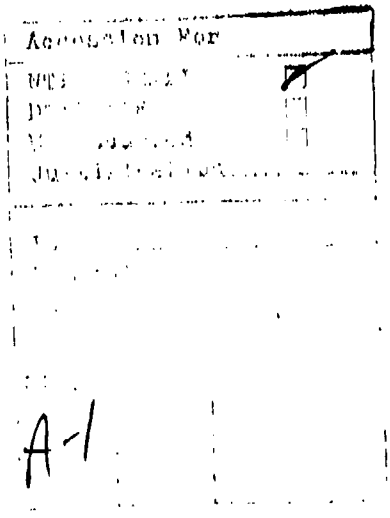

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This report summarizes results of a Navy-wide survey of all Navy Nurse Corps officers. Results showed that Navy nurses were satisfied with their jobs in general, were performing at or above expectations, and had a low turnover intent. Self-reported quality of work life scores significantly predicted performnce, job satisfaction, turnover, and perceived quality of nursing care in the Navy. The majority of nurses were dissatisfied or ambivalent with the quality of nursing care delivered in the Navy, and they were dissatsifed or ambivalent with the quality of their work lives.

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Research Department
Naval School of Health Sciences,
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EXECUTIVE SUMMARY

Despite the Navy's ability to attract and retain an adequate nursing force, increased demands on Navy nurses during the past several years may have affected their quality of work life (QWL) resulting in adverse affects on morale and the quality of patient care. Consequently, the Director of the Navy Nurse Corps requested a Navy-wide survey of the quality of work life among Navy nurses. The present report relates a preliminary overview of the results of a survey of all Navy nurses mailed in June of 1986. Examined were (a) major factors that impact on QWL and retention, (b) the relationship between QWL and outcomes such as performance and job satisfaction, (c) examination of the role of QWL and career-related factors in affecting performance and retention among various nursing specialties, and (d) data-based recommendations for improved QWL, performance, and job satisfaction in the Nurse Corps.

Sixty-two percent of Navy nurses were satisfied with their jobs; 73% were satisfied with the Navy. Self-reports of intent to leave the Nurse Corps indicated a projected annual turnover rate of between 7 and 10% during the upcoming two years. This supports a conclusion that the Nurse Corps does not have a personnel retention problem.

A breakdown of an overall score summarizing 29 QWL factors reflected that only 35% of nurses were satisfied with the quality of their work life. The remain-

ing nurses were either ambivalent (40%) or dissatisfied (25%). These data supported a conclusion that there is a quality of work life problem among Navy nurses.

Examination of supervisory ratings of 637 staff (ward) nurses showed only 3% were performing at an unsatisfactory level; another 14% were marginal. This finding supports a conclusion that the Nurse Corps does not have a performance problem.

When asked to rate the quality of nursing care provided in Navy medical treatment facilities, 70% responded with either negative (41%) or ambivalent (29%) evaluations. Items addressing quality of care included meeting generally accepted professional standards, meeting expectations for any hospital, being required to take shortcuts that could result in fatality, or that would delay patient recovery. This supports a conclusion that there is a problem with respect to perceived quality of nursing care.

The impact of QWL was examined using multiple regression analyses. The 30 QWL factor scores were combined into 6 QWL domain scores: job-related rewards, pay & benefits, downward influence, interpersonal relations, working conditions, and leadership. Four outcome measures, job performance, job satisfaction, turnover intentions, and quality of care perceptions were each regressed on QWL domain scores. QWL was found to significantly predict all outcome measures.

Specifically, the four factors that most enhanced QWL for nurses were, in order of importance, sense of achievement derived from work, the quality of interpersonal relationships, leadership opportunities, and an opportunity to provide a patriotic service. These factors tend to be intrinsic in nature, i.e., not strongly tied to the work context. On the other hand, the four factors that most detracted from QWL were, in order of most negative impact, the quality of career planning support, management concern and awareness, workload, and the female work uniform. These negative factors are all work

context-related. Therefore, these results suggest that the most serious QWL problems are amenable to organizational change efforts.

Looking across QWL domains, these data showed two trends: (a) the better the job rewards; the lower the turnover intent and the better the job performance, and (b) the better the working conditions, the higher the job satisfaction and the better the quality of patient care.

Regarding career orientation, Navy nurses report being more administratively oriented than clinically oriented. They also tend to be more oriented toward their Navy careers than they are to the profession of nursing. Junior officers (LT and below) tended to be more oriented toward clinical tasks and to the profession of nursing than were seniors (LCDR and above). Generally, nurses specializing in administrative roles were more satisfied across the board than other nursing specialists. Narrative comments suggested that the Navy favors nurses who seek administrative careers over those who choose to remain in direct patient care.

In summary, QWL perceptions accounted for a substantial and significant percentage of variance in quality of care perceptions. In addition, three other job-related outcomes, job satisfaction, turnover intention, and job performance were also significantly predicted by QWL. All four outcomes are important to maintaining a vital health service organization. The results of this study support initiation of interventions aimed at improving quality of work life in the Navy Nurse Corps. Full participation in the Navy Medical Department management training program (LMET) could serve as a major long-term solution to many of the QWL problems identified in this study. Implementation of a more effective workload management system to help ensure adequate staffing, as well as development of a less stress-inducing procedure for scheduling shift rotation would also be helpful. Finally, workshops held among top nursing administrators to formulate solutions to the problems identified in this survey would likely facilitate useful change.

Individual, Organizational, and Job Factors Affecting the Quality of Work Life Among Navy Nurse Corps Officers.

LCDR Thomas F. Hilton, MSC, USN

Research Department
Naval School of Health Sciences,
Bethesda, MD

Historically, the Navy Nurse Corps has met its recruiting goals and has enjoyed a high level of retention among career designated officers. Nevertheless, despite the Navy's ability to attract and retain an adequate nursing force, increased demands on Navy nurses during the past several years may have affected their quality of work life (Walton, 1973) resulting in adverse effects on morale and the quality of patient care.

A number of recent policy changes have the potential to affect the quality of work life (QWL) of Navy nurses. The Defense Officer Personnel Management Act (DOPMA) has made it more difficult to achieve career status in the Navy. Budget cutbacks have required all Medical Department personnel to do more with less. New medical facility accreditation policies have resulted in increased documentation requirements for nurses. Increased emphasis on field medical readiness has led to periodic hospital staff reductions whenever field exercises are conducted. These and other events affecting Navy Medicine have the potential to impact on the QWL of Navy nurses, and could possibly effect not only their well-being, but also on the quantity and quality of the patient care they provide.

In response to concern over the impact of recent changes that may affect Navy nursing, The Director of the Navy Nurse Corps (OP-093N) requested research to provide new information on the quality of work life of Navy nurses. The Director's concern focused on three primary areas: (1) the general quality of working life (QWL); (2) decision support data for creation of a viable career management program for Navy Nurse Corps officers, and (3) retention of critical subspecialists (e.g., nurse anesthetists) within the Navy Nurse Corps. In response to this tasking, the current study established as objectives: (a) the identification of major factors that impact on Navy nurse QWL and retention, (b) the determination of the relationship between job performance and both QWL perceptions and job satisfaction, (c) the exploration of QWL and career-related factors that might lead to performance decrements and job turnover among critical nursing specialties, and (d) the formulation of data-based recommendations to enhance the QWL, retention, and job performance of Navy nurses.

The present report is preliminary in nature in that it provides a general overview of survey results aimed at providing policy makers a timely summary of the most significant results. Consequently, this report will be limited to overall Nurse Corps job satisfaction, career commitment (retention), quality of nursing care, and performance. In addition, QWL factors that impact differentially on junior versus senior nurses, and on various professional nursing specialties, will be examined. More focused hypothesis testing will be addressed in subsequent reports.

METHODS

Procedure.

A questionnaire protocol, The Navy Nurse Corps Organizational Assessment Questionnaire (OAQ), was designed to measure quality of work life among Navy nurses. The OAQ was developed on the basis of interviews with a small cross-section sample of Navy nurses (N=188). In addition, these interviews provided information for development of a behavioral rating scale (BRS) for assessing inpatient staff nurse performance. The organizational assessment questionnaires were distributed to every active duty Navy nurse in one of two ways. In the case of nurses assigned to medical treatment facilities (MTFs), the directors of nursing service distributed the questionnaires. In the case of nurses not assigned to MTFs (e.g., training commands, OPNAV, outservice training), direct mailing was used. In either case, each OAQ was accompanied by a stamped return envelope as well as a cover letter explaining the purpose of the survey and assuring anonymity.

Instruments were completed on a voluntary basis and mailed back to the Research Department at the Naval School of Health Sciences (NSHS), Bethesda Maryland. In addition, staff nurses who chose to participate were asked to provide behavioral rating scales to their shift supervisor. Each respondent provided her/his supervisor with an identity number which had been randomly stamped on each OAQ solely to permit merging performance ratings with survey data. After rating their subordinates, supervisors mailed BRSs back to NSHS under separate cover to help ensure a frank and honest performance appraisal. Supervisors were also guaranteed anonymity.

Sample.

Usable OAQs were received from 1735 nurses. BRSs were received on 827 staff nurses, of these 637 could be matched to OAQ data. Because only 56% of Navy nurses responded, it was necessary to determine to what extent the sample was representative of all Navy nurses. Table 1 presents a comparison of respondent characteristics to those of the entire Nurse Corps as of 1986. As can be seen, respondents did not differ significantly from the population with regard to rank, education, sex, or career status. Therefore, the sample appeared to be representative of Navy nurses generally.

Table 1

COMPARISON OF RESPONDENT CHARACTERISTICS WITH THE ENTIRE NAVY NURSE CORPS

RANK	Sample	Navy	AGE	Sample	Navy
ENS	14%	21%	21-24	06%	09%
LTJG	12%	15%	25-29	19%	21%
LT	31%	30%	30-34	30%	29%
LCDR	29%	24%	35-39	30%	27%
CDR	11%	08%	40-44	10%	09%
CAPT	03%	02%	45 +	05%	05%
MARITAL			SEX		
Married	55%	Not Available	Female	73%	75%
Single	45%		Male	27%	25%
EDUCATION			STATUS		
Bachelors	68%	75%	USN	65%	65%
Post-Grad.	19%	10%	USNR	35%	35%
Diploma	12%	15%			

Instruments.

Organizational Assessment Questionnaire (OAQ). The OAQ was comprised of 240 items. This included 25 demographic and background variables, and 50 scales measuring organizational perceptions, career orientation, and job satisfaction. Space was also provided for any narrative remarks regarding Nurse Corps QWL. Nearly all items were responded to on a 7-point Likert-type scale with descriptive anchors (in most cases ranging from "very satisfied" to "very dissatisfied" with a "neutral" mid-point, or "agree strongly" to "disagree strongly" with a "neutral" midpoint). Scale scores were created using the mean value of the items comprising the scale. Scale descriptions and their means, standard deviations, and internal consistency reliability estimates (Chronbach's alpha) are presented in Appendix I. As can be seen, only three scales had reliabilities below .82, and the average was .87. No scales were discarded.

Behavioral Rating Scale. The BRS instrument was comprised of 25 variables, derived from interviews, representative of primary tasks carried out by nurses. The items were presented in four a priori scale clusters labeled "Assessment" (the degree to which patient needs are adequately assessed), "Reevaluation" (the degree to which changes in patient condition are attended to), "Implementing Care" (the extent to which actions are taken to ensure service delivery), and "Education" (the extent to which patients are provided appropriate information on self-care and medical treatment compliance). Nurses were rated on each item both on a 5-point frequency of performance scale (1=sometimes; 5=always) and on a 3-point quality of performance scale (1=below expectations, 2=meets expectations, 3=exceeds

expectations). Therefore, performance was rated both quantitatively and qualitatively (Appendix II). On the assumption that performance is an interactive function of both quantity and quality, item scores were derived by multiplying the frequency and quality ratings.

In order to derive a single overall performance score, the BRS items were subjected to principal components analysis (PCA) using an oblimin rotation (Note 1). The analysis yielded two interpretable factors which could be described as patient assessment and patient requirements updating (follow-up). The first factor was comprised of 8 variables describing the initial assessment of patient needs (alpha=.92); and the second was comprised of 4 variables describing follow-up on patient needs (alpha=.96). Remaining variables accounted for less than 36% of total variance in the ratings and were not included. Mean scale scores were computed for each of the two factors. It was assumed that overall nursing performance was an interactive function of the two factors of patient assessment and re-evaluative follow-up. Consequently, an overall score was created by multiplying the mean scale scores for assessment and re-evaluation. The two factor scores were transformed into a single score ranging between 1 (low) and 5 (high)(Note 2).

RESULTS

Data will be presented in six sections: (a) general outcomes and overall quality of work life (QWL), (b) Navy nurse career orientation, (c) QWL as it is related to being junior (ENS to LT) or senior (LCDR to CAPT) in rank, (d) QWL as it is related to being a member of a particular nursing specialty, (e) staff nurse performance ratings, and (f) an overview of the narrative remarks

volunteered by respondents. Except where stated, data were scored on a 7-point metric; however, for ease of presentation figures will present axis ranges sufficient to include the lowest to highest mean values (normally between 2.5 and 6). Appendix III provides an item-by-item summary of most questionnaire responses. Nursing specialty membership was based on self-reported affiliation, not on criteria as defined in the Manual of Navy Officer Manpower and Personnel Qualifications (NAVPERS 15839. Specialty data are reported for specialty subgroups that were comprised of at least 40 respondents. This resulted in 12 specialty groups. The size of each specialty group is reported in Appendix IV. Finally, along with data presentation provided in each section of the results, excerpts of exemplary narrative comments volunteered by respondents will be interspersed with results for the purpose of explication.

General Outcomes & Overall Quality of Work Life

General outcome measures included satisfaction with one's job and the Navy, intent to leave the Navy, perceived quality of Navy nursing care, and job performance. In addition, a summary indicator of overall quality of work life was examined.

Job & Navy Satisfaction. Overall job satisfaction was a summative measure of the general affective response to one's job -- how one feels about one's job in general. Most nurses appeared to be satisfied with their jobs overall, and to an even greater extent with the Navy organization as a whole. Figure 1 presents a breakdown of the Nurse Corps (NC) job satisfaction scores. For ease of interpretation, Figure 2 presents a pie-chart summary of the same

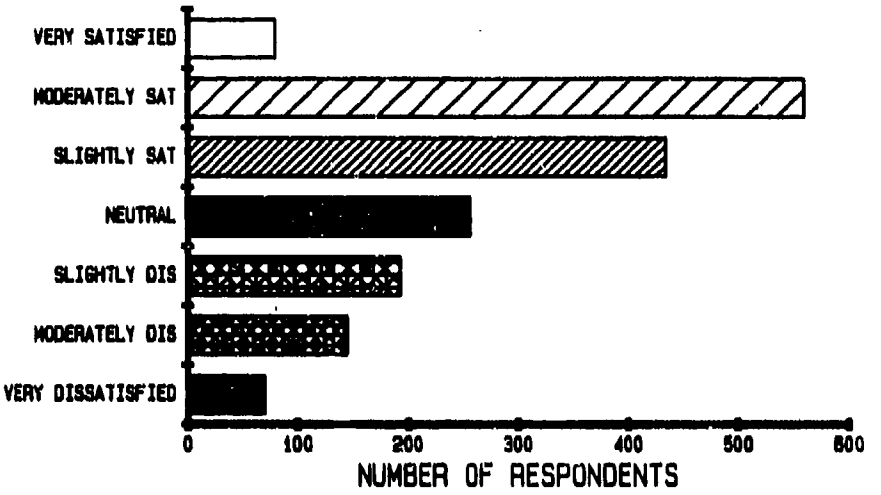

Figure 1. A categorical breakdown of overall Nurse Corps job satisfaction.

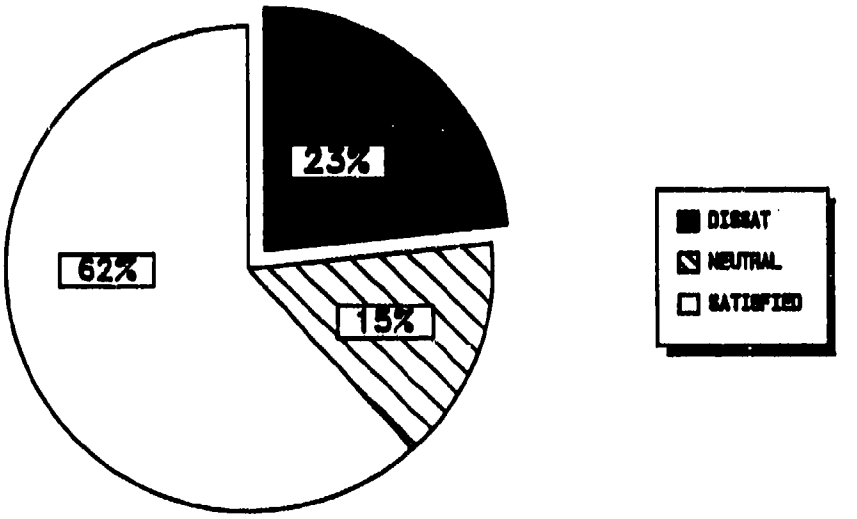

Figure 2. Summary of overall Nurse Corps job satisfaction broken down by satisfied, neutral, and dissatisfied.

data converted into satisfied, dissatisfied, and neutral categories. As can be seen in both figures, **the majority of nurses (62%) were satisfied with their jobs,** an additional 15% were ambivalent.

Figure 3 presents a pie-chart summary of satisfaction with the Navy. Many nurses appear to have been more satisfied with the Navy than they were with their jobs. **Seventy-three percent were satisfied with the Navy,** and only 8% were ambivalent (i.e., both negative and positive attitudes).

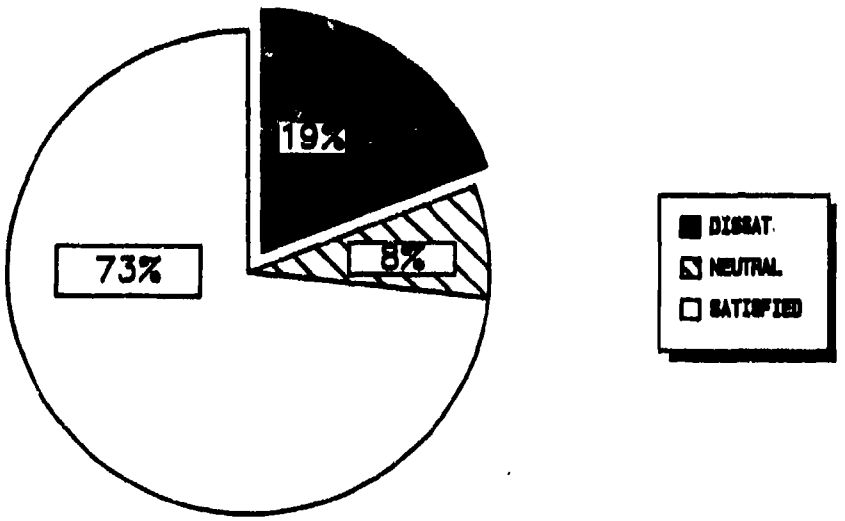

Figure 3. Summary of general satisfaction with the Navy.

That job satisfaction was lower than Navy satisfaction might be due to the Navy providing pay that is often higher than the civilian sector, which might result in satisfaction with the employer (the Navy) but not the job. Another explanation might be that some individuals are unhappy with their

current assignment, but have enjoyed most of the jobs that they have held. Because of the Navy policy on frequent transfers, Naval officers generally are aware that most unsatisfactory job situations are likely to change in a year or so. The following comments exemplify such an interpretation:

I have always been positive towards the Navy and the Nurse Corps, but since coming to this command my morale has plummeted. (LT)

... at my next command I hope I will find greater satisfaction - notably improved morale... (LTJG)

Turnover Intentions. Figure 4 presents Nurse Corps turnover intentions. As can be seen, only a small proportion (14%) of nurses reported intending to leave the Navy within the next 2 years. This figure is not comprised solely of individuals who are "quitting", because it also included individuals who anticipated reaching retirement eligibility or who fell into some other statutory group requiring mandatory separation from Naval Service. Therefore, in relative terms, actual intent to quit one's job is likely below 7% per year. Moreover, the organizational behavior research literature suggests that perhaps only half to a quarter of those intending to voluntarily terminate employment actually follow through with that intention (Steel & Ovalle, 1984; Miller, Katerberg, & Hulin, 1979). Therefore, a realistic estimate of Nurse Corps voluntary turnover during the next two years might conservatively approach 7 to 10% annually over a two-year period. Placed in the perspective of other work organizations, this figure is extremely low. For the U.S. work

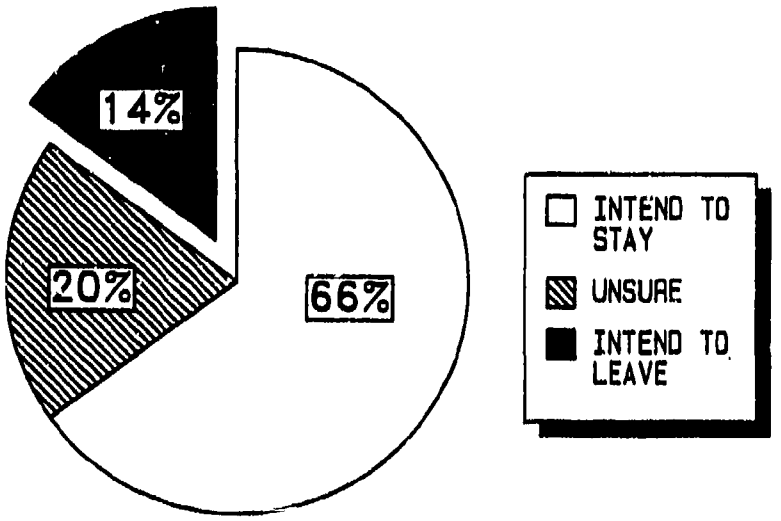

Figure 4. Summary of Nurse Corps turnover intentions spanning the next 24 month period.

force, average annual employee turnover runs about 23% (Bureau of National Affairs, 1980). For civilian nurses, rates between 17% and 31% per year have been reported (Sheridan & Vredenburgh, 1978; Rusbult & Farrell, 1983). A more recent study which examined 111 general hospitals reported a mean annual turnover rate of 21% (Spencer, 1986). **These data support a conclusion that the Navy Nurse Corps as a whole does not have a retention problem.** Of course, retention may be more problematic in a few select specialty areas.

Performance. Performance ratings were obtained on 637 inpatient staff nurses. The staff nurses were rated by the charge nurse for their unit on the behavior rating scale (described in the Methods section). Figure 5 presents the distribution of overall performance scores. As can be seen, the vast

majority of nurses were rated as performing at or above an acceptable level. Less than 14% were rated as poor and under 3% were rated as unsatisfactory. Based on the ratings submitted, it would seem, therefore, that the Nurse Corps does not have a performance problem.

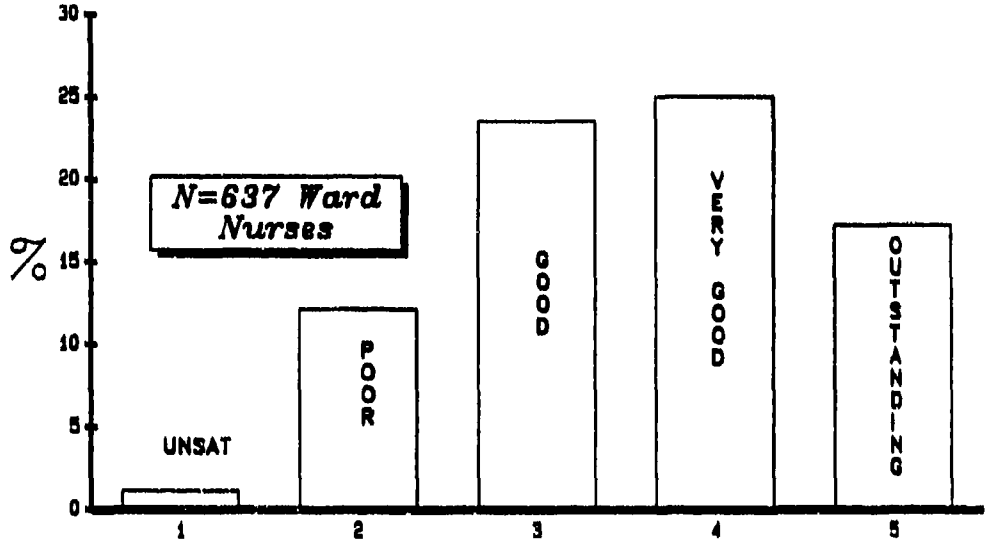

Figure 5. The distribution of overall performance score ratings by charge nurses.

Quality of Nursing Care. Figure 6 presents a summary of perceived quality of nursing care by charge and staff nurses. This figure summarizes a multi-item score that addressed nursing care on a 7-point scale. The mean score was recoded into three groups described as (a) those whose perceptions of nursing care quality were positive (scoring between 5 and 7), (b) those whose perceptions of care quality were negative (scoring between 1 and 3.9),

and (c) those whose scores reflected ambivalence (scoring between 4 and 4.9). Only 30% of respondents perceived care quality in the Navy as positive. The majority of nurses were split between negative perceptions of care (41%) and ambivalence (29%).

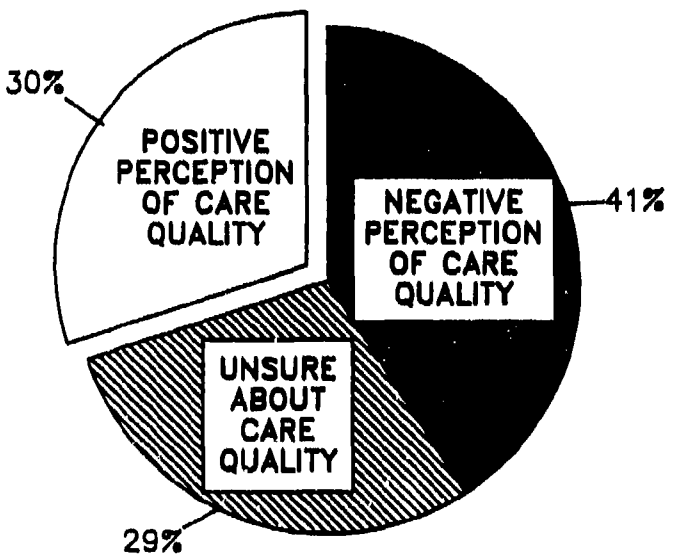

Figure 6. Summary of charge and staff nurse perceptions of general quality of nursing care in the Navy.

Ratings of the quality of nursing care provided in the Navy paint a troubling picture. This score was comprised of responses to comments on whether the quality of care (a) met generally accepted professional standards, (b) met one's expectations for any hospital, (c) might preclude life threatening error, and (d) was unlikely to delay patient recovery. Only 30% of

respondents' scores fell in the positive range. This left 70% with scores reflecting either ambivalence about the quality of nursing care (29%), or outright dissatisfaction (41%). Whether or not such a negative evaluation is based on fact is certainly debatable. Whether or not most nurses reported reservations about the quality of nursing care in the Navy is , as the below comments reflect, a fact that cannot be denied.

I believe it is very dangerous, with 2 nurses on a 40 bed ward, with corpsman staff you need to supervise closely, but cannot, due to overworked nurses. (LTJG)

Always being asked to do more with less (people, supplies, etc.) is very discouraging... Administrators seem more concerned with... paperwork... than they are with the population we are trying to serve... corpsmen are needed not for paperwork, but to take care of patients. (LT)

Although the staff nurse respondents in this study were rated as performing their jobs well, the nurses themselves reported feeling unable to provide the quality of nursing care that ought to be expected. Therefore, **these data indicate that <u>there is a problem</u> in the Nurse Corps with respect to <u>the perceived quality of nursing care in the Navy.</u>**

<u>Overall QWL.</u> An overall quality of work life score was computed by taking the grand mean of the factor scores in each of six QWL domains: pay and benefits, job-related rewards, working conditions, downward influence, interpersonal relationships, and leadership. Figure 7 presents a summary of the distribution of the overall QWL score broken down into three groups: (a) those satisfied with their QWL (scores ranging between 5 and 7), (b) those ambiva-

lent about their QWL (scores between 4.0 and 4.9), and those dissatisfied with their QWL (scores between 1 and 3.9). **Only 35% of respondents were satisfied with their overall quality of work life.** Most were ambivalent (40%) or dissatisfied (25%). **These data indicate that <u>there is a problem in the Nurse Corps with respect to quality of work life.</u>**

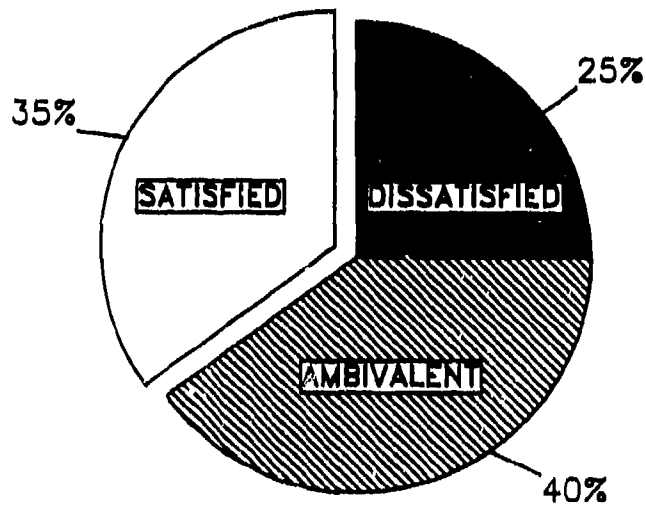

Figure 7. Summary of the distribution of the overall QWL score.

<u>Specific QWL Issues.</u> The distributions of each QWL score were examined in order to identify, in an absolute sense, the most positive and negative QWL factors. The specific areas that 50% or more nurses reported **<u>most enhanced</u> their QWL** were: sense of achievement derived from work, the quality of interpersonal relationships, leadership opportunities, and an opportunity to provide a patriotic service. The areas that **most <u>detracted</u> from QWL** were:

the quality of career planning support, management concern and awareness, workload, and the female work uniform.

With the exception of leadership opportunities, when looking at factors that enhanced QWL, sense of achievement, interpersonal relations, and patriotic expression tend to be intrinsic in nature, i.e., not strongly tied to the work context. On the other hand, negative factors, career planning support, management concern, workload, and the uniform, are contextually related factors. **This suggests that the most serious QWL problems are amenable to organizational change efforts.**

QWL Domains and Job-related Outcomes. To explore the possible impact of QWL on job outcomes, regression analyses were undertaken. Scores for the four outcome measures, job satisfaction, turnover intention, job performance, and perceptions of the quality of Navy nursing care were each regressed on the grand means of the factor scores for the six major QWL dimensions addressed in the questionnaire.

Table 2 presents the results of the regression analysis conducted on general job satisfaction. The table provides (a) the multiple correlation coefficient (R), its squared value representing the percentage of variance in the criterion measure that can be accounted for by all QWL variables in the equation, its standard error of estimate, F-ratio and the statistical level of significance for R, (b) the standardized coefficients (beta weights) for each QWL dimension, along with the F-ratio and significance for each weight, and (c) the bivariate correlation between each QWL variable and the outcome criteria. A multiple correlation coefficient (R) of .69 showed that not only did QWL perceptions significantly predict job satisfaction, but they accounted

for 48% of variance in satisfaction scores. Inspection of the beta weights (coefficients) enables determination of which QWL variable(s) make the greatest independent contribution to the prediction of job satisfaction. With a beta weight of .44, **the factor with the greatest influence on satisfaction was job-related rewards. Working conditions were also a major predictor of satisfaction (beta = .30).**

Table 2

Multiple Linear Regression Summary Predicting General Job Satisfaction With Major Quality of Work Life Factor Scores

QWL Variable	Beta Wt.	F-value	Sig.	Corr.
Job-related Rewards	.441	149.634	.0000	.659
Working Conditions	.298	101.296	.0000	.625
Leadership	.078	6.360	.0118	.551
Downward Influence	-.077	7.686	.0056	.464
Interpersonal Relations	-.061	5.247	.0221	.467
Pay & Benefits	.039	1,675	.1958	.549

Multiple R = .691; R^2 = .477; SE = 1.06; F(6,1659)=252,21; p < .0000

Table 3 presents the results of the regression analysis conducted on turnover intentions. A multiple correlation coefficient of .39 showed that, in addition to predicting job satisfaction, QWL perceptions also significantly predicted turnover intentions, accounting for 15% of variance in intent to leave the Navy within two years. Based on the size and sign of the beta weights, **job-related rewards (beta=-.23), and pay & benefits (beta=-.19) were**

the most predictive QWL factors, thus indicating that intent to leave the Navy decreased as as satisfaction with intrinsic (job-related) and extrinsic (pay & benefits) rewards increased.

Table 3

Multiple Linear Regression Summary Predicting Turnover Intention With Major Quality of Work Life Factor Scores

QWL Variable	Beta Wt.	F-value	Sig.	Corr.
Job-related Rewards	-.227	24.441	.0000	-.350
Pay & Benefits	-.192	25.530	.0000	-.345
Downward Influence	.128	12.987	.0003	-.211
Interpersonal Relations	.106	9.893	.0017	-.219
Working Conditions	-.104	7.533	.0061	-.316
Leadership	-.081	4.284	.0386	-.300

Multiple R = .391 R^2 = .153; SE = 0.675; F(6,1659) = 49.81; $p < .0000$

Table 4 presents the results of the regression analysis conducted on job performance ratings. A multiple correlation coefficient of .25 showed that QWL perceptions significantly predicted turnover intentions, although accounting for only 6% of performance variance. Based on the size of the beta weights, job-related rewards (beta=.20) was the most predictive QWL factor (Note 3). This suggests that nurses who find their jobs intrinsically rewarding are more likely to be rated as better performers. Note, that per-

formance data were only obtained on staff (ward) nurses, a group that tends to be both new to the organization and recently out of school.

Table 4

Multiple Linear Regression Summary Predicting Job Performance Ratings With Major Quality of Work Life Factor Scores

QWL Variable	Beta Wt.	F-value	Sig.	Corr.
Job-related Rewards	.201	3.870	.0499	.166
Interpersonal Relations	-.178	6.404	.0118	.005
Downward Influence	-.156	4.231	.0404	.049
Leadership	.137	2.580	.1091	.157
Pay & Benefits	.080	.854	.3561	.142
Working Conditions	.023	.077	.7819	.110

Multiple R = .245; R^2 = .060; SE = 1.022; F(6,362) = 3.85; $p < .001$

Table 5 presents the results of the regression analysis conducted on perceived quality of nursing care (limited to staff nurse perceptions). A multiple correlation coefficient of .46 showed that QWL perceptions significantly predicted quality of nursing care, accounting for 22% of variance in quality assessments. Based on the size of the beta weights, work environment was the singlemost powerful predictor of care quality. This suggests that nurses who experience good working conditions are also likely to report a higher quality of nursing care at their treatment facility.

Table 5

Multiple Linear Regression Summary Predicting Perceived Quality of Nursing Care With Major Quality of Work Life Factor Scores

QWL Variable	Beta Wt.	F-value	Sig.	Corr.
Working Conditions	.296	29.431	.0000	.406
Interpersonal Relations	.089	3.644	.0566	.331
Pay & Benefits	-.073	1.902	.1682	.296
Leadership	.060	1.265	.2610	.327
Job-related Rewards	.047	.541	.4622	.349
Downward Influence	.042	.764	.3823	.305

Multiple R = .464; R^2 = .215; SE = 0.678; F(6,821) = 37.50; $p < .0000$

Summary. The regression equations reported in Tables 2 through 5 demonstrated a significant predictive relationship between QWL domains and job outcomes. QWL could account for 50% of variance in job satisfaction. Results indicated that increased job-related rewards and improved working conditions would be most likely to improve general job satisfaction.

Credit should be provided for a job well done. (LT)

I am dissatisfied with the chronic understaffing. As a result, corps staff are inadequately trained, staff is overworked, and morale is terrible. (LT)

Increasing workload without concurrent increases in manpower and resources is extremely discouraging .. (LCDR)

QWL accounted for 22% of variance in turnover intent. Turnover results suggest that retention in the Nurse Corps would most likely be raised by increasing both intrinsic and extrinsic rewards. The below comments reflect interest in intrinsic and extrinsic rewards.

When we do over and beyond, the attitude is "that's your job; you are an officer"... The satisfaction from within helps, but is not the end all! (LCDR)

I want compensation for my heavy workload. It can be in the way of a bonus like physicians, or in time given off for overtime, like civilian nurses. (CDR)

QWL accounted for only 6% of variance in job performance. Although that finding was statistically significant, it leaves open the question of whether prediction may be contingent on the moderating effects of some personal trait or job factor not analyzed, or if QWL is merely less important to performance. Performance results do suggest that performance is most likely to be improved by increasing job-related rewards.

Unlike other Navy personnel, Nurse Corps officers receive little recognition for their long hours, hard work and talents. It is rare indeed for a Nurse Corps officer to be awarded a Navy Achievement medal or a Navy Commendation medal, yet other Corps receive them routinely. I know there are many deserving Nurse Corps officers reaching the level of achievement required for these awards, but our superiors rarely seek them for their staff. Certainly this lack of recognition deters us from putting out the 150% so often demanded of us. (CDR)

Finally, QWL accounted for 22% of variance in perceived quality of care. If respondents were unhappy with their workload, scheduling, resource support, etc., they also tended to perceive the quality of nursing care at their facility less positively. With respect to quality of care perceptions, results indicated that the greatest improvement would most likely be brought about by changes in working conditions on the ward.

> Housekeeping services are non-existent (1 to 2 times a week at best)... staff routinely have to mop the floors, and clean toilets and sinks... The physical layout of my unit is depressing: no windows, small, cramped, cluttered halls... I do not think it is in the best interests of patient care. (LCDR)
>
> Staffing (nurses and qualified corpsmen) is so short that I feel we're only hitting the high spots in care. Therefore, I am dissatisfied with the quality of care delivered, and I am concerned that serious error will result. (LT)

In summary, quality of work life was shown to be significantly related to all four outcome measures examined: job satisfaction, turnover intentions, performance, and quality of care. Although the Nurse Corps did not appear to be experiencing problems related to overall job satisfaction, retention, or performance, problems were indicated in the areas of quality of nursing care and quality of work life. Furthermore, looking across QWL domains, these data showed two trends: (a) the better the job rewards; the lower the turnover and the better the job performance, and (b) the better the working conditions; the higher the job satisfaction and the better the quality of patient care.

Navy Nurse Career Orientation

Although job characteristics such as working conditions and leadership are major determinants of QWL, how an individual feels about her/his career also can contribute to QWL (London & Stumpf, 1986). If, for example, an individual does not feel that personal career goals coincide with job characteristics, the quality of work life experienced by that individual is likely to be affected negatively (Super, 1982). Therefore, career orientation data were examined in order to add perspective to other QWL-related results. Because nursing is comprised of both administrative and clinical activities, orientation toward roles emphasizing both activities were examined. Additionally, because people with high professional commitment have been shown to be less likely to conform to organizational norms and values, and be more likely to change organizations (Kahn, Wolfe, et. al., 1964; Mowday, Steers, & Porter, 1979), the survey examined Navy career commitment independent of one's commitment to the profession of nursing. Finally, the sense of achievement one derives from one's career also was included as a variable of interest because it provided an indication of career satisfaction.

These data are presented comparatively for junior (ENS to LT) and senior (LCDR to CAPT) status because studies have shown that QWL-career relationships often differ as a function of whether one is in the early or later stages of her/his career (Hall, 1986). The organizational research literature has consistently demonstrated that QWL perceptions vary as a function of status across occupations (Mowday, Porter, & Steers, 1982), and for nurses in particular (Bateman & Strasser, 1984). For example, nurses with a greater investment in their organization (tenure and status) have been shown to

experience a more favorable QWL than nurses with a minimal investment (Rusbult & Farrell, 1983). Consequently, when the differences between junior and senior perceptions become highly discrepant, there is the potential for the apparent unfairness to affect morale. Moreover, if both juniors and seniors exhibit low scores on a QWL factor, then a more pervasive problem is likely to exist.

Career-professional Commitment. Figure 8 presents the mean scale scores for commitment to both one's Navy career and the profession of nursing broken down by junior-senior status. Senior nurses were significantly more committed to their careers than were junior nurses, whereas the reverse was true for professional orientation. Juniors were significantly more committed to the profession of nursing than they were to their Navy careers. It is perhaps noteworthy that in absolute terms, both juniors and seniors had a higher commitment to their careers as Naval officers than they did to the profession of nursing.

Clinical-administrative Role Emphasis. Figure 9 presents the mean scale scores for emphasis on both administrative roles and clinical roles. Senior nurses placed significantly greater emphasis on administrative roles than did junior nurses, whereas the reverse was true for clinical roles. Juniors placed significantly more emphasis on clinical roles than administrative ones.

Sense of Achievement. Figure 10 presents mean satisfaction scores for satisfaction with the sense of achievement derived from being a Navy nurse broken down by both junior-senior status and by nursing specialty. As one might expect, seniors derived a greater sense of achievement from their

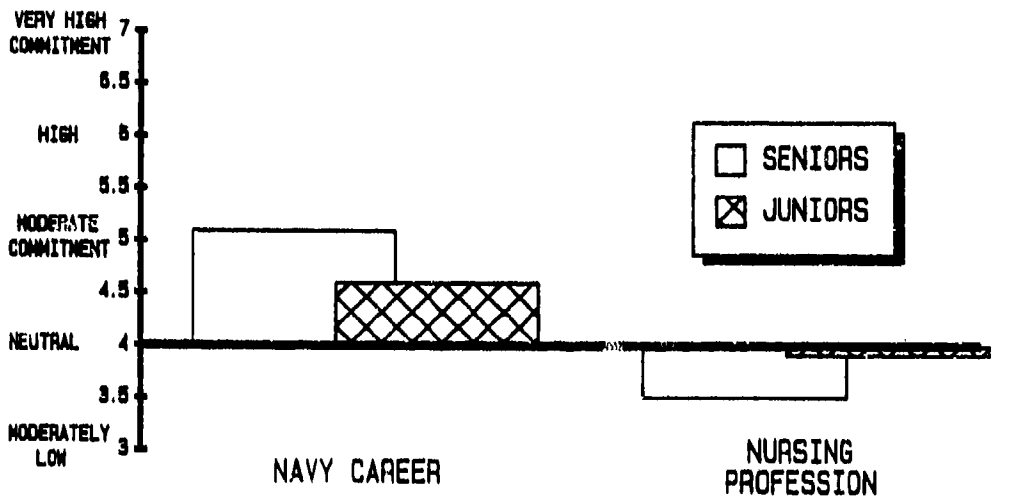

Figure 8. Mean scale scores for commitment to one's Navy career and the profession of nursing broken down by junior-senior status.

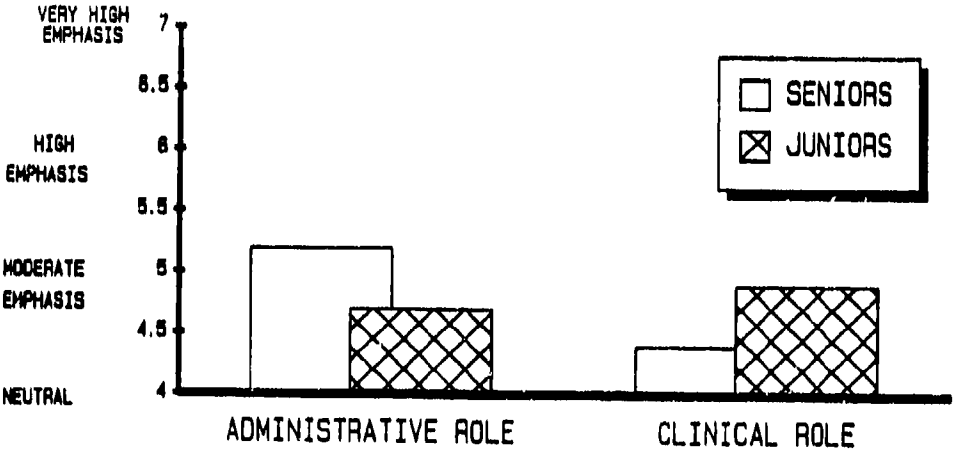

Figure 9. Mean scale scores for emphasis on both administrative roles and clinical roles broken down by junior-senior status.

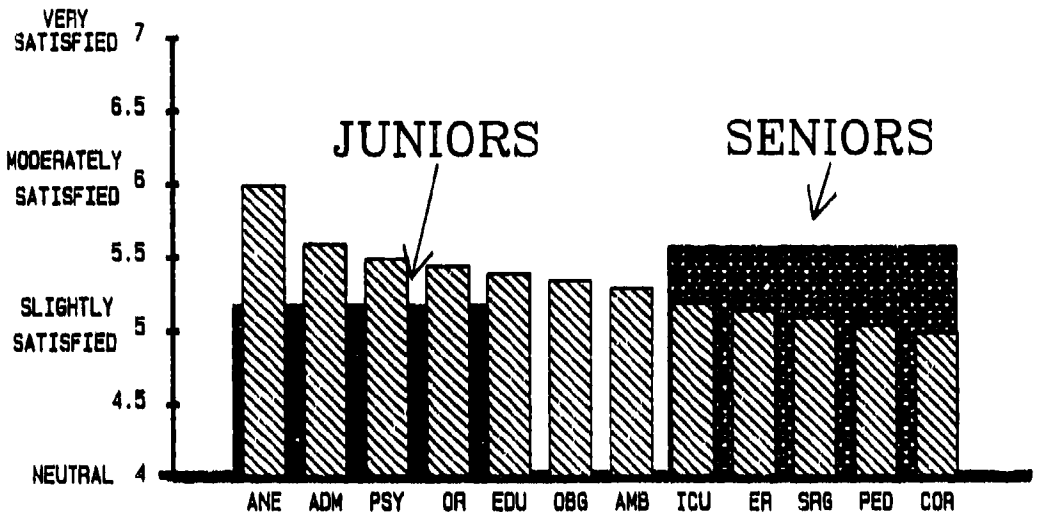

Figure 10. Mean satisfaction scores for satisfaction with the sense of achievement derived from being a Navy nurse broken down by both junior-senior status and by nursing specialty.

careers than did juniors. From the perspective of nursing specialties, nurse anesthetists reported the highest satisfaction with the sense of achievement they derive from their careers. They were followed by nurse administrators, psychiatric nurses, and operating room specialists. Somewhat less satisfied were surgical, pediatric, and coronary care nurses. Nevertheless, in an absolute sense, nurses generally seemed satisfied with the sense of achievement derived from their careers.

The Navy has been a great career with much opportunity to learn and experience many different jobs. I've learned so much. Thanks for such a great adventure. (LCDR)

As a nurse anesthetist, I enjoy both the challenge of my profession and the extremely intimate contact which I have with my patients. (LCDR)

Summary. The results presented in Figures 8 through 10 are consistent with prior research. Career attitudes and orientation have been shown to be related to various QWL and other job variables. Earlier research conducted by the Navy Medical Department (Butler, Johnson, & Bruder, 1982) examined the distinction between Medical Service Corps officers whose career orientation was toward administrative tasks compared to those whose orientation was toward their technical (usually clinical) specialty. Butler, et. al. reported that senior officers were more committed to the Navy and less committed to their professions than juniors. Seniors also favored administrative tasks over technical tasks (Butler, Bruder, & Jones, 1981). Other investigators have found significant relationships between career orientation and organizational assimilation of newcomers and quality performance, job satisfaction, and role conflict (Graen, Orris, & Johnson, 1973).

Consistent with the Butler, et. al. (1981) MSC study, significant junior-senior differences were found among nurses. **Juniors were more oriented toward the nursing profession and technical/clinical roles; seniors were more oriented toward the Navy and administrative roles.** In an absolute sense, it

would seem, that neither juniors nor seniors have a high orientation toward the profession of nursing, and that both groups are more administrative in orientation. This finding may reflect that organizational practices exist which reward members for seeking out administrative jobs. Also, it may be that as careers progress, the Navy becomes less appealing to clinically oriented nurses.

I would like to see the clinical nurse get recognition in the upper ranks, as opposed to the philosophy of every Navy nurse becoming an administrator. (LCDR)

I have made the decision to separate from active duty in part because my professional goal to advance in practice clinically is not supported or even encouraged by the Navy medical system. There is too much emphasis on management and too little on nursing. (LT)

Regardless of career orientation, one of the best indicators of career satisfaction is the sense of achievement one associates with being in that career. Not surprisingly, in this study, seniors were more satisfied with their sense of achievement than juniors. This may reflect some self-selection in that those who don't feel that they are achieving as much as they had hoped are more likely to leave early in their careers. There are also more opportunities to realize achievement as one moves up through the ranks of most organizations. Another point to note is that there were differences in sense of achievement as a function of nursing specialty, with nurse anesthetists the highest on this score. The general level of satisfaction with achievement is consistent with the very low turnover rate indicated among nurses.

Junior-Senior Quality of Work Life

QWL was examined comparatively for junior (ENS to LT) and senior (LCDR to CAPT) Nurse Corps officers. There were six major areas of QWL examined in this survey: (a) pay and benefits, (b) job-related rewards, (c) working conditions, (d) downward influence, (e) interpersonal relationships, and (f) supervisory leadership. Each major area/domain of QWL was comprised of between three and six QWL factors, each representing a mean score derived from three or more items on the questionnaire.

Pay and Benefits. The factors comprising pay and benefits included satisfaction with salary, job security, worker benefits, social status derived from being a Navy nurse, and Navy-sponsored education and training. Figure 11 is a bar graph depicting the mean scale scores for each pay and benefit factor broken down by junior-senior status. Scores are presented in order from highest to lowest score for the combined total sample. Overall most respondents were satisfied with their pay and benefits. With the exception of job benefits, seniors were significantly more satisfied than juniors. The most satisfaction was derived from salary and job security; the least from Navy education and training. With respect to education and training, juniors were slightly dissatisfied. **These data suggest that pay and benefits have a positive affect on QWL among Navy nurses.**

These results may be a reflection of the fact that in the Navy benefits per se, e.g., medical, day care, commissary, and the base exchange, are not tied to junior-senior status, whereas salary, job security, social status, and access to organizationally sponsored education are junior-senior status bound. It is also possible that juniors are more dependent on benefits such as day

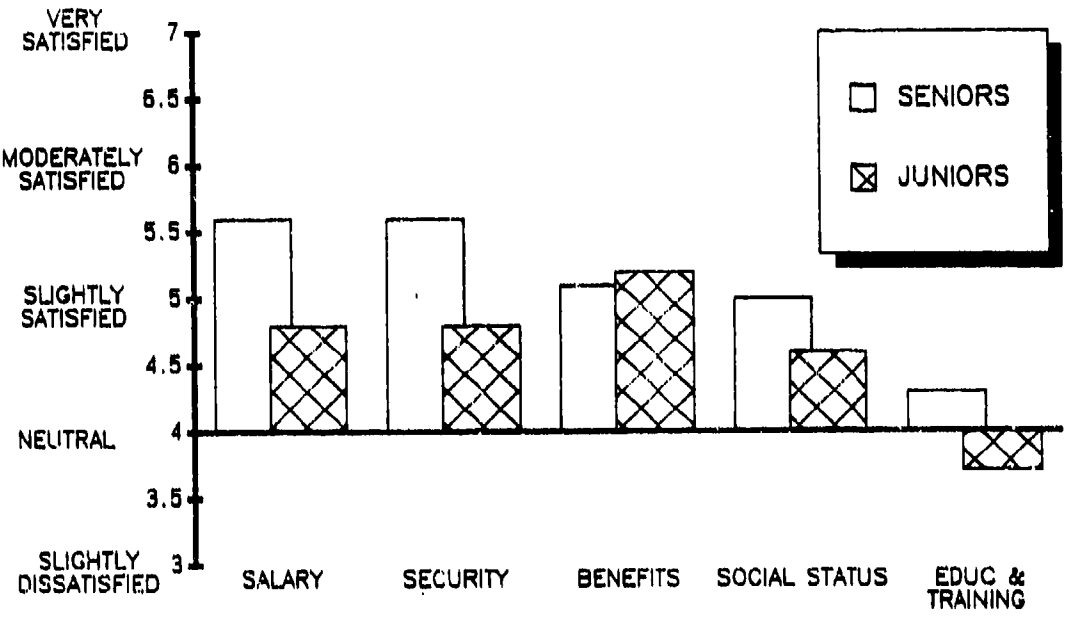

Figure 11. Mean scale scores for each pay and benefit factor broken down by junior-senior status.

care, outpatient care, and the exchange/commissary system due to their lower income levels. These data were generally positive with the exception of educational benefits. For this factor, both juniors and seniors seemed to reflect ambivalence. This ambivalence may be tied to problems in getting time away from work and/or TAD to attend training.

TAD for continuing ed has been cut - places financial responsibility on nurses. (LTJG)

TAD is important for my job in order to keep up on new developments. (LCDR)

I have had TAD only twice in seven years! (LCDR)

Allow people who want to go to school to work 1 and 2 shifts (Everywhere I've been has refused such requests). I'm leaving the military mainly because of this. I want to have a personal life. You can't with these unpredictable schedules. (LT)

Job-related Rewards. The factors comprising job-related rewards included the chance to express one's patriotism, the opportunity to help others, the sense of achievement derived from one's career, the opportunity to be creative on the job, and the amount of recognition one receives. Figure 12 is a graphic presentation of the mean scale scores for each job-related rewards factor broken down by junior-senior status, and ordered in magnitude from highest to lowest overall mean. The majority of nurses were satisfied with their job-related rewards. Most satisfying were the opportunity to express patriotism and to help others. Least satisfying was the amount of recognition for accomplishments. In fact, lack of recognition was a slight source of dissatisfaction among junior nurses. **These data suggest that very little recognition is expressed to subordinates, even those at the higher ranks.**

There is no praise for the long working hours and long 7-8 day stretches of days to work with insufficient staff, poorly trained corpsmen and insufficient equipment and supplies. (CDR)

We are willing to work hard for the needs of the Navy, but it would make it all worthwhile to secure a little recognition... (LTJG)

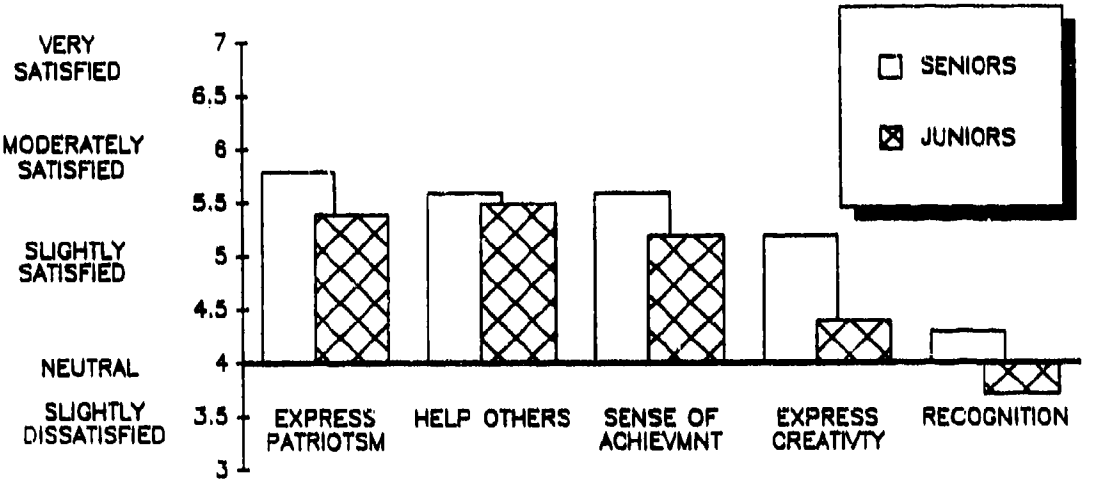

Figure 12. Mean scale scores for each job-related rewards factor broken down by junior-senior status.

Finally, the rather large difference between juniors and seniors in opportunities to be creative on the job suggests that many senior nurses are <u>over-managing</u> (excessive structuring of tasks) or <u>over-supervising</u> their subordinates (sometimes referred to as micro-management) or junior nursing positions may be structured in such a way as not to permit sufficient opportunity for individuals to take much initiative or make changes that would enhance their QWL.

> After six years of active duty, I am given no more leadership opportunity or challenges than I had as an ensign... yet how am I to develop... if not given an appropriate challenge? (LT)

I am tired of being told by my superiors how to do even the most fundamental nursing tasks. Doing it the Navy way means doing it my boss's way. I have a BS and four years of experience. Why am I treated like a little child? (LT)

In this hospital upper managers have been daily asserting control over every aspect of their subordinates' lives, both professional and personal, both on duty and off duty. Subordinates are not stupid people. They are aware that upper management is in control, and do not require daily reminders of this fact. (LTJG)

Working Conditions. The factors comprising working conditions included job variety, skill utilization, work environment, work scheduling, resource support, and workload. Figure 13 is a graphic presentation of the mean scale scores for each working condition factor broken down by junior-senior status, and ordered in magnitude from highest to lowest overall mean. Senior nurses were satisfied with most working conditions. Juniors tended to be neutral or dissatisfied. Most satisfying overall was the amount of job variety associated with Navy nursing; however, even this was much less a source of satisfaction for juniors. **Least satisfying was the resource support and workload experienced by nurses. These were a source of dissatisfaction for both juniors and seniors.** Finally, there were sizable discrepancies between senior and junior scores on all factors, indicating that juniors have a problem with most aspects of their working conditions.

Working conditions is an area reflecting serious junior-senior status differences, and several problem areas not related to seniority. Juniors, who are mostly comprised of staff nurses, seemed especially negative with respect to schedules, workload, general working conditions, and resource support.

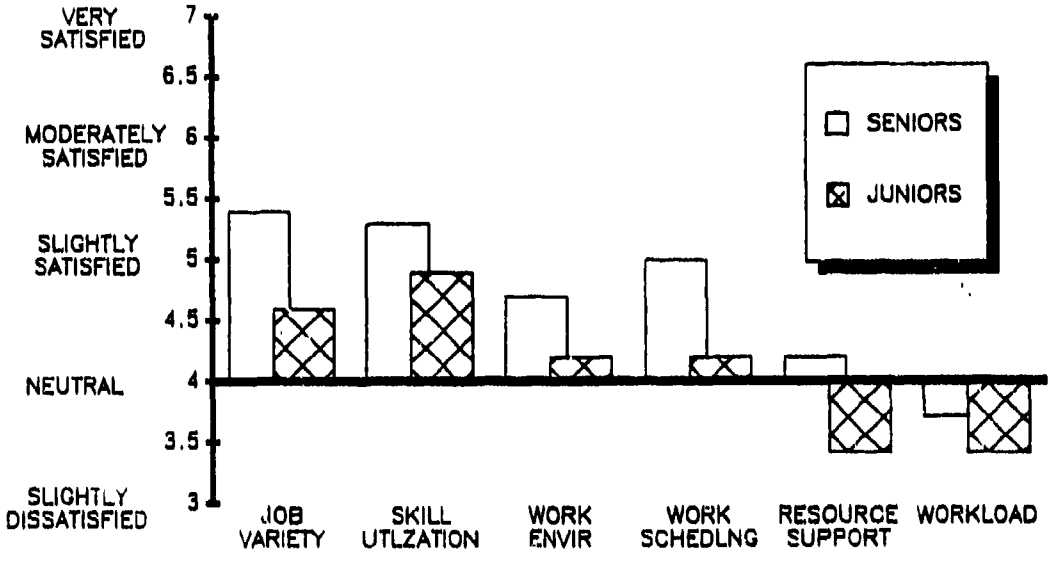

Figure 13. Mean scale scores for each working condition factor broken down by junior-senior status.

This suggests that many staff nurses feel they are being required to work an arduous and unpredictable schedule, under less than favorable conditions, and with insufficient personnel and material support.

> ... many times equipment or supplies are not the best of quality, but with budget restraints, I guess we are supposed to feel lucky to have some things at all. (LT)
>
> I find the inconsistency and low quality of supplies very frustrating... always NIS. (LT)

The major difficulty is... the staffing... I have observed an overflow of new Ensigns arrive at Long Beach - a hospital with a decreasing census... compared to ... Portsmouth VA - an excellent learning environment with poor staffing, constant census... (LTJG)

I find it difficult to understand how ... rotating shifts each seven days is beneficial to anyone save those who make up the schedule... it can be emotionally and physically draining and result in poor morale and fatigue... To compound the problem, the schedule is rarely published more than one or two weeks in advance... (LTJG)

With numerous independent studies indicating the physical as well as psychological stress of working rotating shifts it seems that the Nurse Corps would observe this reality. Utilization of innovative rotation has been practiced in the private sector for a number of years, and with great success. (LCDR)

Put another way, **staff nurses seem to be saying that they are being asked to do too much with too little,** and, in light of earlier comments, they aren't getting much recognition for it.

The message is clear, what I do is not important to the Navy... I have been flexible and hard working for ten years without acknowledgement, let alone reward. I have consistently been asked to make something out of nothing, and have done so. I am being forced to go from one hardship duty station to another... (LCDR)

The "do more with less" mentality still seems to pervade... this is really discouraging. (CAPT)

With respect to resource support and work load, seniors seem to be reporting an experience similar to juniors. However, most seniors are not required to participate in shift work on the wards. This might explain why

work schedules and general working conditions are viewed more favorably by seniors.

These data and supporting comments suggested that **the Navy Medical Department may not be utilizing adequate methods for allocating manpower either within hospitals (shift rotations) or among hospitals (staffing).** Although implementing more efficient manpower management systems may not totally eliminate QWL problems in the Nurse Corps, these data suggest that doing so was perceived by very many nurses as a step in the right direction.

Downward Influence. The factors comprising downward influence included satisfaction with the opportunity to lead others, ability to discipline subordinates, and the ability to reward subordinates. Figure 14 is a graphic presentation of the mean scale scores for each downward influence factor broken down by junior-senior status, and ordered in magnitude from highest to lowest overall mean. **Nurses were generally satisfied with the amount of downward influence they experienced,** but juniors were significantly less satisfied. Most satisfying overall was the leadership opportunity associated with being a Navy nurse. Least satisfying was the perceived opportunity to provide rewards. This was especially true of juniors. It is noteworthy that respondents were somewhat satisfied with their ability to reward subordinates, yet did not themselves report satisfaction with receiving job-related rewards.

Interpersonal Relations. The factors comprising interpersonal relations included work and social relations with co-workers, relations with civilians, interdepartmental cooperation, and relations with physicians. Figure 15 is a graphic presentation of the mean scale scores for each interpersonal relations

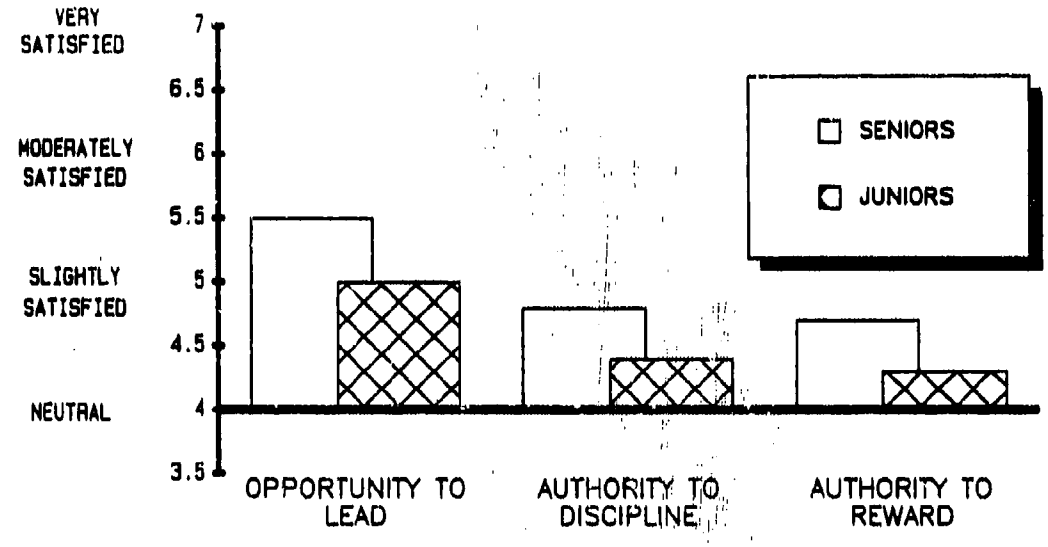

Figure 14. Mean scale scores for each downward influence factor broken down by junior-senior status.

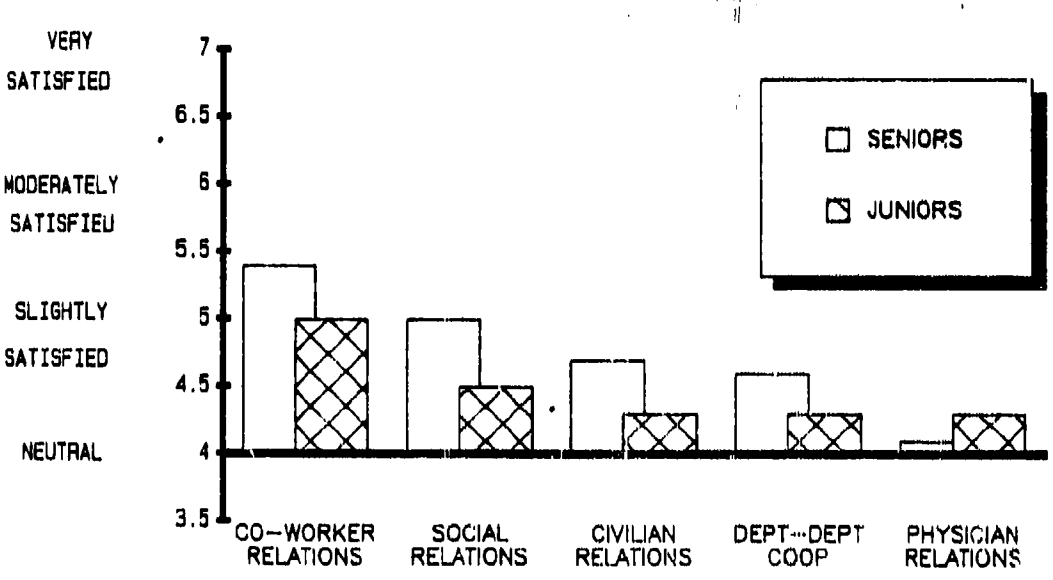

Figure 15. Mean scale scores for each interpersonal relations factor broken down by junior-senior status.

factor broken down by junior-senior status, and ordered in magnitude from highest to lowest overall mean. Most senior nurses were somewhat satisfied with their interpersonal relations. Except for physician relations, seniors were significantly more satisfied than juniors. Most satisfying overall were social and work relations with co-workers. Least satisfying were relations with physicians, especially among seniors. Perhaps this indicated that senior nurses were more likely to be in conflict with physicians by virtue of the billets seniors fill. **All in all, interpersonal relations have a mildly positive impact on QWL for most Navy nurses.**

Leadership. The factors comprising leadership included leader trust and support, technical facilitation, fitness reporting, management concern and awareness, and career guidance. Figure 16 is a graphic presentation of the mean scale scores for each leadership factor broken down by junior-senior status, and ordered in magnitude from highest to lowest overall mean. Leadership satisfaction was mixed, exhibiting several areas of considerable junior-senior divergence. Trust and support, and technical facilitation were generally positive, whereas career guidance and management concern and awareness were negative. Seniors were significantly more satisfied than juniors. Most satisfying overall was leader trust and support, although juniors were less satisfied than seniors. Least satisfying were management concern and awareness and career guidance, which were both major sources of dissatisfaction. **Leadership appears to have a mixed affect on nurse QWL: some positive; some negative.**

The pattern of leadership scores in Figure 16 indicates several problems. With respect to job-related leadership (i.e., technical

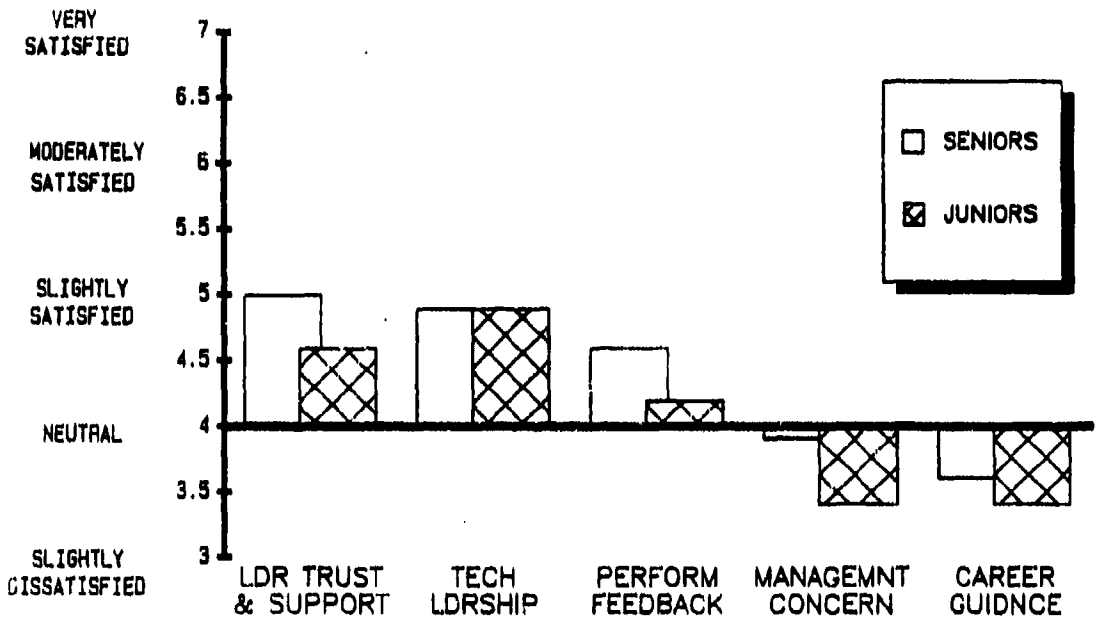

Figure 16. Mean scale scores for each leadership factor broken down by junior-senior status, and ordered in magnitude from highest to lowest overall mean.

facilitation, trust and support), both seniors and juniors expressed satisfaction. With respect to leadership guidance, however, (i.e., performance feedback and career guidance), there was some dissatisfaction. Specifically, juniors were ambivalent about performance feedback, and negative about career guidance. Seniors, for the most part, did not seem to have a problem with performance feedback. They did, however, converge with juniors in regard to dissatisfaction with career guidance, thereby indicating a pervasive problem.

...routine conferences with one's superiors to learn your strengths and weaknesses are not held. When I ask about a fitness report grade the reply is "Well, I had to mark you low on something" -- yet the supervisor cannot tell you what to do to improve in that area... (LT)

A pertinent topic of concern for me is the lack of positive feedback... (ENS)

Communication between seniors and juniors occurs usually over a problem, and almost never includes positive feedback. (ENS)

Nurses need "career counselors" because their supervisors don't always know about options open in career advancement. (LT)

...we need approachable supervisors who can aid in career counseling. (LTJG)

Career planning seems insufficient and contingent only on billet availability when you are scheduled to PCS, not what type billet you need to expand your experience level. (CDR)

The past few years have brought with them a severe shortage of role models. Where are those wiser seniors who participate in staff development, who are concerned for the individual, and who actively participate in career planning and guidance? (LCDR)

As Head of Education and Training... I was doing a good job, but now the Navy does not know what to do with me... a very frustrating situation. (LCDR)

Lastly, **concern for and awareness of important issues for nurses shown by top administrators also appears to be a problem.** Seniors were ambivalent (a much lower rating than would be expected), and juniors were dissatisfied.

There is poor communication between nursing administration and staff nurses (no support). (ENS)

I worked here two years before I ever saw the DNS in my clinic. (LT)

Nurse administrators are not aware of career options... (LTJG)

The Director of Nursing (who has not been involved in direct patient care for several years)... is untouched by experience of my reality. This leads to situations typified by my desperately busy ward... where we are trying to provide even rudimentary morning care... yet upper management is exhorting the staff to provide warmed wash cloths with breakfast, and to give more morning backrubs. (LCDR)

Supervisors are uncaring and not cognizant of the needs... of JOs. They are not in touch. (CDR)

These leadership data imply that senior nurses are not providing juniors with adequate performance feedback or career development guidance. Seniors do not appear to be helping juniors identify performance strengths and weaknesses, nor helping subordinate nurses to develop their career plans. Ironically, many senior nurses themselves did not seem to be very satisfied with the guidance they receive in regard to their own careers.

A large number of respondents complained that for various reasons they were unable to obtain adequate career guidance from either the DNS or the detailers.

Detailers never are in. Courtesy and general politeness... are lacking. (LT)

My detailer insists that I discuss career plans with my DNS before calling, yet it is very hard to get in to see my DNS. (LT)

Went to Wash DC on leave for career advice/opportunities, the detailer (NC) walked me out of the office without answering any questions and said "call me later". (Rank not reported)

Although many of these role incumbents may be deficient in supporting career guidance goals, what was perhaps more disturbing was the lack of criticism of immediate superior career guidance -- i.e., very few complaints that one's charge nurse or other mid-level supervisor was unresponsive to career guidance needs. This would support a conclusion that either juniors do not look to middle managers for career guidance, or juniors are being routinely referred to the DNS for career guidance matters (i.e., that middle managers are not assuming responsibility for serving as role models and counselors).

Should junior officer career guidance reside solely in the DNS (typically a Captain)? **Placing primary responsibility for nurse career guidance in the DNS would not be consistent with recommended practice in large corporations (London & Stumpf, 1986), nor with Navy practice.** Research at Navy Personnel Research and Development Center (Bruni & Morrison, in progress) which looked at career guidance among thousands of line officers in the Fleet, points to heavy involvement of middle management officers in career guidance. Division officers (typically Ensigns and JGs) looked primarily to their department heads (typically LTs and LCDRs) for career guidance, and only secondarily to the XO and CO (typically LCDRs and CDRs).

Finally, there was a problem regarding management concern and awareness. Respondents seemed to be saying that they perceive top administrators as being insensitive to the needs of Navy nurses. These perceptions of low management concern may have a basis in fact. However, it is also possible that communication from the top of the organization occasionally fails to keep

nurses abreast of current problems taken for action, or relates solutions which are viewed as likely to erode QWL on the ward.

Many factors outside the control of the Nurse Corps may contribute to the problems identified in this report. Nevertheless, it is possible to change within the Nurse Corps how Navy nurses perceive management by using improved communication of both a substantive and attitudinal nature (i.e., focusing not only on what top Medical Department administrators say, but also on the way top Nurse Corps administrators react to policy beyond their ability to control).

Turnover Intentions. Figure 17 presents two pie charts depicting Navy turnover intentions (intent to leave/stay in the Navy during the next 24 months) for juniors and seniors. As can be seen, juniors were almost twice as likely to intend to leave the Navy as were seniors. Nevertheless, junior turnover intentions were still relatively low (18%).

It has already been stipulated that the Nurse Corps does not have a turnover problem. However, because turnover for juniors was nearly twice that of seniors, and uncertainty about staying in the Navy was a third greater, clarification seems warranted. The Department of Defense is directed by Congress to require a large proportion of junior officers to leave the Navy after their first commitment expires. This policy enables maintenance of a pyramid-shaped command hierarchy within the military. Therefore, high turnover among juniors is consistent with personnel policy. Furthermore, junior officers must be designated as careerists based on performance and desire to remain in the Navy -- a process that may extend for 1 to 2 years. The 23% who were uncertain

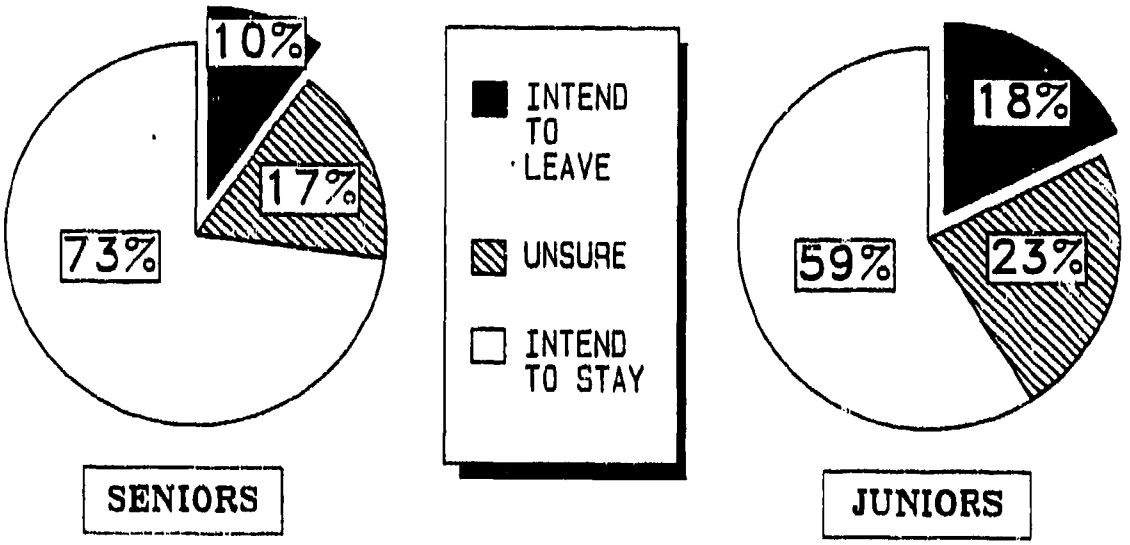

Figure 17. Navy turnover intentions for juniors and seniors.

about staying may represent many who are waiting to learn if the Navy wants them to stay.

Summary. Looking at each of the six QWL domains and the 29 factors chosen to indicate those domains in this study, it was clear that seniors experienced a significantly higher QWL than juniors. Juniors tended to have a more clinical than administrative role orientation and they were more likely to intend to leave the Navy within two years. Juniors were least satisfied with both the management concern and awareness they experienced and with the help they got in planning their careers. This is consistent with prior research (Mowday, Steers, & Porter, 1979), which has identified relationships between tenure, job commitment, and satisfaction with one's job

characteristics. In a hierarchical structure such as that found in the military, job variety, autonomy, pay, and power normally accrue to those at the top.

Specialty Differences in Quality of Work Life

Nurses in differing occupational specialties have been shown to express differing job-related concerns (e.g., Stamps, Piedmont, Slavitt, & Haase, 1978). This finding is consistent with the fact that specialists are exposed to differing work contexts such as type of patient (e.g., child, female, elderly), type of illness (e.g., cardiovascular, orthopedic injury, mental disorder), and physical environment (e.g., operating room, nursery, intensive care unit). This section explores job-related factors for which there were significant and major differences between nursing specialties. Only the 12 most commonly reported specialties were analyzed. These included specialities in: nursing administration (ADM), psychiatry (PSY), ambulatory care (AMB), emergency room (ER), medical-surgical (SRG), intensive care unit (ICU), operating room (OR), nursing education (EDU), obstetrics and gynecology (OBG), pediatrics (PED), coronary care (COR), and anesthesia (ANE).

In order to facilitate identification of cases in which specialty differences might to some extent be due to seniority status, Figure 18 provides a graphic presentation of the percentage of junior and senior nurses in each specialty. Administrative, ambulatory care, education specialists, and anesthetists were dominated by senior nurses; whereas intensive care, pediatrics, coronary care, surgery, and obstetrics were dominated by junior nurses.

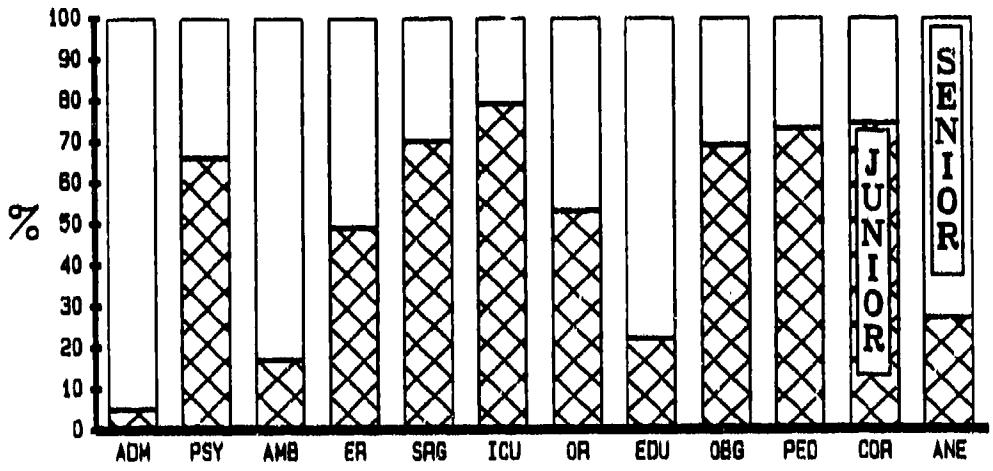

Figure 18. Percentage of junior and senior nurses in each Nurse Corps broken down by specialty group.

Data on a job-related factor were reported only if there were notable differences between how members of differing specialties perceived them. If the highest and lowest mean scores for a specialty were separated by at least 60% of the scores for other specialties, (i.e., separation between the specialities of at least one standard deviation) then it was included. In all cases such a difference would be statistically significant (i.e., the probability of that the difference between highest and lowest scores would occur by chance once in one hundred studies). Factors that met this criteria included the job autonomy of supervisors, physician relations, permanent change of station assignment practices, recognition for accomplishments, advancement opportunities, career planning guidance, and quality of patient care.

Job Autonomy. Figure 19 is a graphic presentation of mean scores for satisfaction with the amount of job autonomy experienced by nurses broken down by specialty group. On average, most nurses were satisfied to some extent with their ability to control what and how they do their jobs. Most positive were administrative specialists; most negative were pediatric nurses.

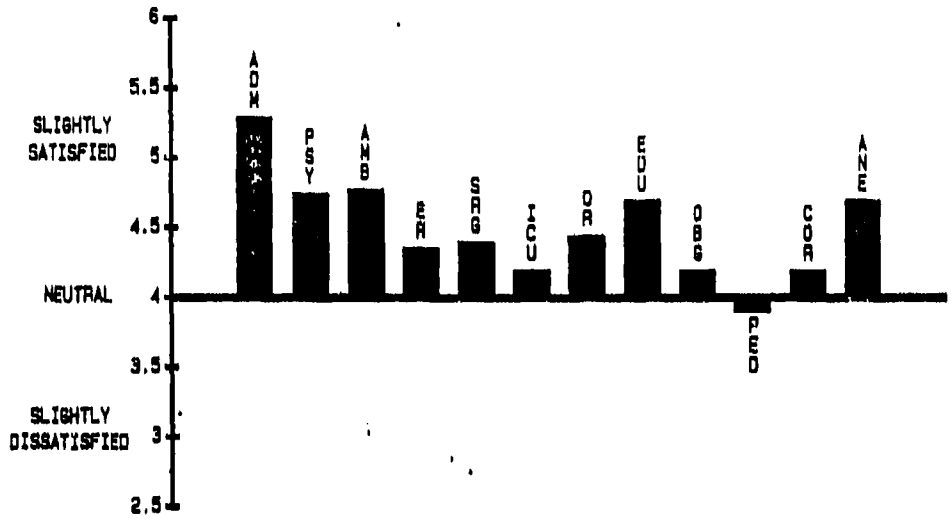

Figure 19. Mean scores for satisfaction with the amount of job autonomy experienced by nurses.

Physician Relations. Figure 20 is a graphic presentation of mean scores for satisfaction with physician relations broken down by nursing specialty. On average, most nursing specialty groups were slightly satisfied with relations with physicians. The exceptions were administrative, operating room, and education specialists who were slightly dissatisfied with physician

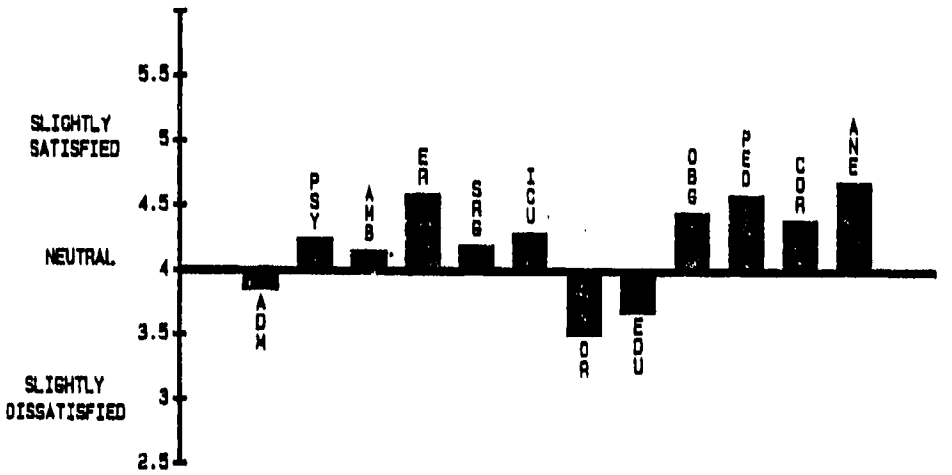

Figure 20. Mean scores for satisfaction with physician relations broken down by nursing specialty.

relations. Anesthetists, emergency room, and pediatric nurses were most satisfied with physician relations.

Permanent Change of Station (PCS) Assignment Practices. Figure 21 is a graphic presentation of mean scores for satisfaction with PCS assignment practices broken down by nursing specialty. On average, most specialty groups were ambivalent or negative about PCS assignment practices. Most dissatisfied were nurse anesthetists. It must be pointed out that nurse anesthetists differed demographically from all other nurses in that over 75% were male, married, heads of households. Only 15% of other Navy nurses were male, married, heads of households. Pediatric and coronary care nurses were also slightly dissatisfied.

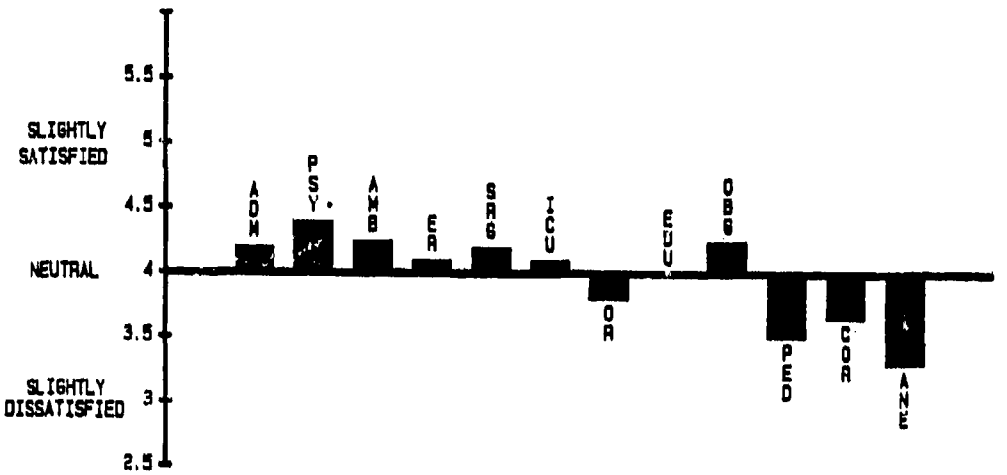

Figure 21. Mean scores for satisfaction with PCS assignment practices broken down by nursing specialty.

Recognition for Accomplishments. Figure 22 is a graphic presentation of mean scores for satisfaction with recognition for accomplishments broken down by nursing specialty. On average, most nursing specialty groups were negative about the amount of job-related awards and recognition they receive. Only administrative and psychiatric specialists were at all positive about this factor.

Advancement Opportunities. Figure 23 is a graphic presentation of mean scores for satisfaction with advancement opportunities broken down by nursing specialty. On average, most specialty groups were negative about advancement

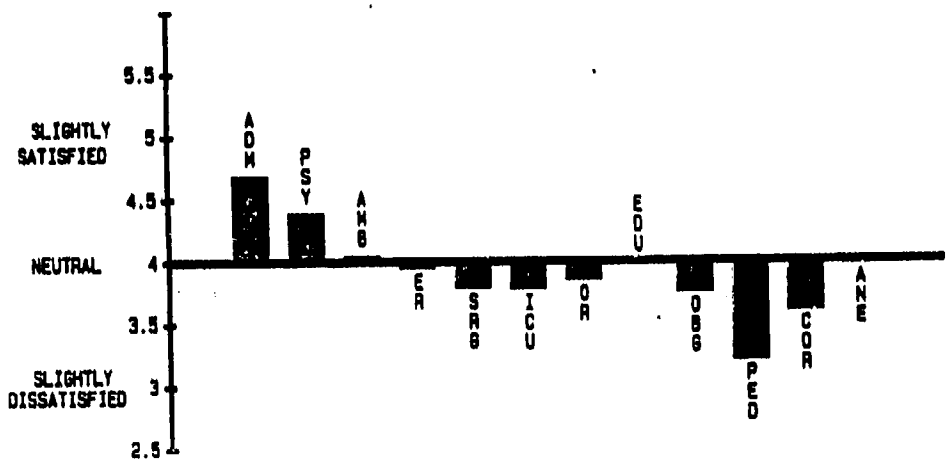

Figure 22. Mean scores for satisfaction with recognition for accomplishments broken down by nursing specialty.

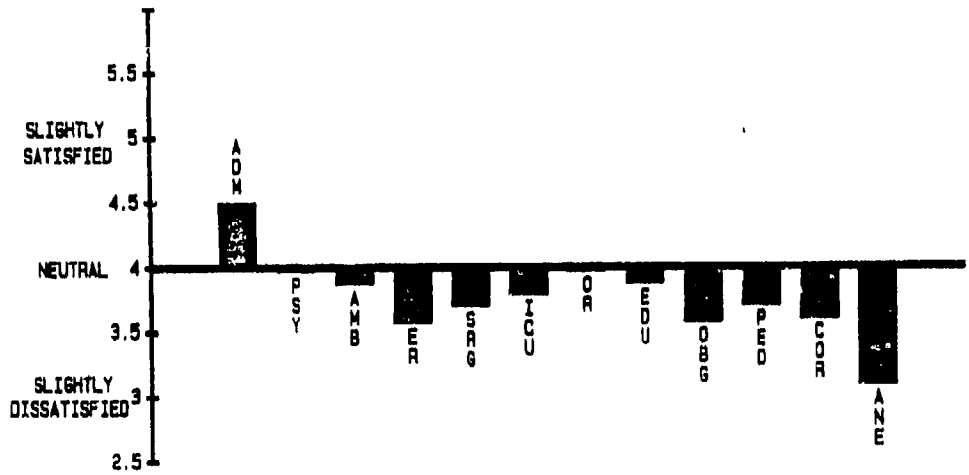

Figure 23. Mean scores for satisfaction with advancement opportunities broken down by nursing specialty.

opportunities. Only administrative specialists were positive about advancement. Nurse anesthetists were most dissatisfied with advancement opportunities.

Career Planning Guidance. Figure 24 is a graphic presentation of mean scores for satisfaction with the quality of career planning guidance for nurses broken down by nursing specialty. On average, all nursing specialty groups were negative about career planning guidance. Administrative, psychiatric, and ambulatory care nurses were least negative; anesthetists, coronary care, and pediatric nurses were most negative.

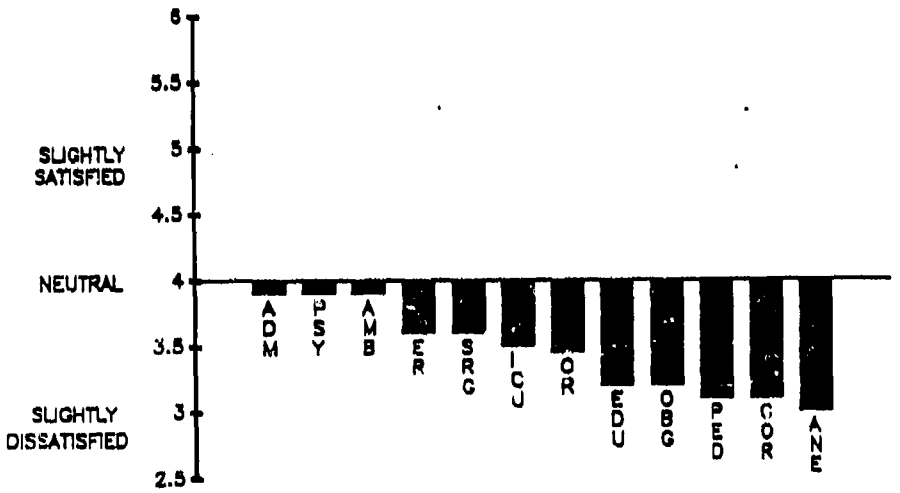

Figure 24. Mean scores for satisfaction with the quality of career planning guidance for nurses broken down by nursing specialty.

Quality of Patient Care. Figure 25 provides a graphic presentation of mean scores for perceptions of the quality of patient care provided by Navy nurses broken down by nursing specialty. On average, most specialties were ambivalent or slightly negative about care quality. Nurse anesthetists were not included on this factor because only one anesthetist responded.

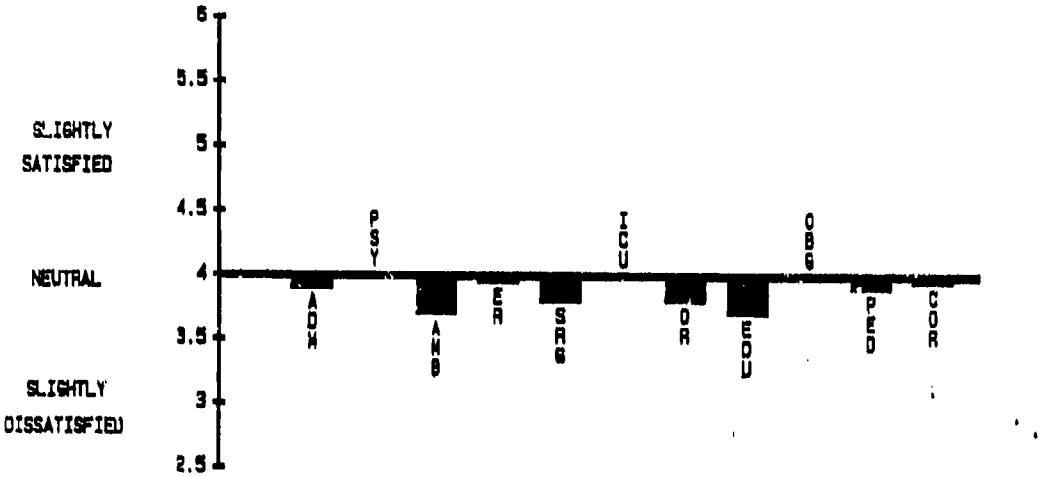

Figure 25. Mean scores for perceptions of the quality of patient care provided by Navy nurses broken down by nursing specialty.

Intent to Leave. Figure 26 provides a graphic presentation of mean scores for intent to leave the Navy broken down by nursing specialty. The axis line is drawn at the average intent to leave of 14%. As can be seen, psychiatric, pediatric, and coronary care nurses report an above average intent to leave the Navy, whereas ambulatory care, emergency room, and

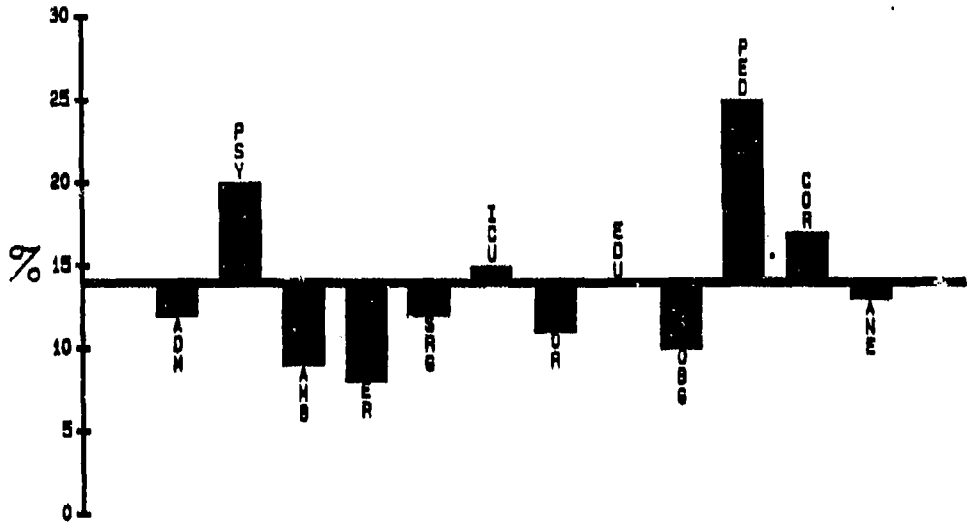

Figure 26. Percentage of nurses indicating an intent to leave the Navy broken down by nursing specialty.

obstetric nurses report a below average intent to leave. All other specialties are not significantly different from the average.

QWL Among Specialty Groups. Correlational analyses were conducted using the job perception scales and self-reported specialty category in order to identify QWL factors uniquely important to specific specialties.

Sources of satisfaction unique to each specialty were examined first. Administrative nurses were satisfied with the amount of creativity they could express in their jobs, job variety, the amount of recognition they received, and education and training opportunities. Ambulatory care nurses were satisfied with job variety, salary, civilian relations, and education and training opportunities. Nurse anesthetists were satisfied with the amount of

achievement derived from their jobs, physician relations, and the opportunity to help others. Education specialists were satisfied with job variety. Emergency room nurses were satisfied with physician relations; operating room nurses with job standards. The remaining specialties, intensive care, coronary, obstetric, pediatrics, medical-surgical, and psychiatry evidenced no unique satisfaction factors relative to Navy nurses generally.

Sources of dissatisfaction were examined next. For administrative specialists, operating room, and coronary care nurses, only physician relations was a significant source of dissatisfaction. For ambulatory care, emergency room, medical-surgical, and psychiatric nurses, no significant specialty-related dissatisfiers were identified. Anesthetists were dissatisfied with salary and benefits, advancement opportunities, and help with career planning. Intensive care nurses were dissatisfied with job variety and the amount of upward influence their supervisors had. Education specialists were dissatisfied with physician relations as well as lack of job standards and job benefits.

Summary. Three groups defined the distribution of specialty scores reported. Administrators were most consistently positive, pediatrics was most consistently negative, and intensive care was most consistently ambivalent. Lastly, anesthetists were most consistently extreme.

Most consistently positive were the nurse administrators. This group seemed to be either most positive, or least negative on nearly every factor. Administrators may have been most positive because as a group they were the most senior in rank. Their positive QWL perceptions may be justified by the perks of seniority.

Most consistently negative were pediatric nurses. This group frequently was at or near the negative end of the distribution on most factors. Pediatric nurses didn't like where they were being assigned, their rate of promotion relative to other specialties, how their careers were being guided, nor did they seem to feel that their efforts were being adequately recognized and/or awarded. These data would be consistent with the hypothesis that pediatric specialists felt left out of the mainstream of Navy nursing.

Most ambivalent, Intensive Care nurses were nearly always at the middle of the pack, and were least likely to stray from neutral. The consistency of this specialty's ambivalence might suggest "burnout."

Lastly, most extreme were the nurse anesthetists. When they were happy, they were at or near the top (physician relations, job autonomy, sense of achievement); and when they were unhappy, they were at or near the bottom (PCS assignments, advancement opportunities, and career planning). The pattern of responses provided by the nurse anesthetists would seem to suggest that they like their jobs very much, but dislike how the organization is treating their specialty.

From a within-specialty perspective, anesthetists and pediatric nurses exhibit the most serious problems. Although nurse anesthetists report a high degree of job satisfaction and intrinsic reward from their jobs, they also report problems with their careers (i.e., PCS assignment practices, career planning guidance, and advancement opportunities). The social comparison dynamics of Equity Theory (Adams, 1963) would lead one to expect such a situation. Anesthetists are predominantly male, married, heads of households, and frequently they are required to function at sea and in geographically

remote areas that place separation and other hardships on their families. Compared to both their Navy and civilian peers in stateside hospitals, who make an equal or better salary, and have the same or better career possibilities, there are serious negative aspects associated with this otherwise intrinsically highly rewarding job.

Why should a person earn $25,000 sitting on a carrier away from family, when he can earn $50,000 and stay home... ? (LT)

Viewing specialty differences with an eye to identification of problem areas across specialties, three factors were viewed consistently negatively by nearly all specialty groups. These factors were career planning, care quality, and advancement opportunities. This consistency seems to suggest that these areas should be considered prime candidates for the earliest organizational intervention.

Staff Nurse Performance

Only two questions regarding performance were examined for this preliminary report. The first question addressed whether the Nurse Corps was losing its best performers. This question was tested using the correlation between performance scores and turnover intention. The results suggested that the Nurse Corps is keeping its better performers. That is, there was a negative correlation between performance rating scores and turnover intent ($r=-.14$; $p < .004$). Although this correlation may seem small, it is

statistically significant. Its small size is due primarily to the small percentage of nurses who indicated an intent to leave the Navy.

The second question addressed whether working outside one's specialty had an adverse impact on performance. The data indicated that nurses working in their specialty perform better than those not working in their specialty. That is, there was a significant positive relationship between performance ratings and working in one's specialty ($r=.13$; $p<.008$).

Narrative Remarks

All respondents were told that they could provide narrative remarks if they chose to do so. In the vast majority of cases, respondents merely commented on issues already responded to in the questionnaire. There were, however, a few issues that were noted frequently enough to deserve additional discussion.

Career Development. Perhaps the most frequently touched upon topic was that of career guidance. Nearly all comments were negative, often complaining that there is virtually no organized career development in the Nurse Corps. Specifically, nurses complained about a lack of mentoring, no source for reliable career pipeline information, and difficulty participating in graduate study and continuing education. Viewed by many respondents as having primary responsibility for career guidance, Directors of Nursing Service (DNSs) were frequently characterized as being aloof, unconcerned, and unaware of career needs.

DNSs seem to have a great deal of difficulty in identifying their role, especially with respect to ... juniors. (CDR)

More and more I hear of senior LCDRs and CDRs getting out because of the lack of caring attitude by the DNSs at almost all MTFs. (LCDR)

What can you do when your DNS is a dud? (CDR)

As a DNS I find it very difficult to assist nursing staff concerning PRD and career moves... (CAPT)

Our DNS is more concerned with dust balls in the passageways than career development. (LTJG)

Specialty Training. Many respondents complained that they had been encouraged to undergo specialty training only to learn that their specialty was no longer considered important to the Medical Department, or they were given assignments where they were unable to work in the area for which they had recently trained. Difficulties with furthering professional education dealt with three areas: inadequate funds, inability to obtain time away from work to attend training and conferences, and inflexible work schedules which precluded attendance at local colleges and universities.

I got a masters as a family nurse practitioner... Realizing that the needs of the Navy Nurse Corps determine assignments, and given the questionable future of the practitioner, I am unsure about my future. (LT)

I had to go back to school for ... a masters in computer systems management... I bought into all those conditions... Now I discover I have spent 10 years going nowhere. (LCDR)

Why is there never money for TAD training? (CDR)

A nurse's expertise or specialty is not used in the Corps. (LT)

Assignments. PCS assignment practices were criticised from several perspectives. Most often mentioned were problems associated with transfers. Such problems included insufficient funds to execute transfers necessary for career development, insufficient lead time to enable an orderly family move (i.e., immediate execute orders), and difficulties in achieving transfers near a Navy spouse's duty station.

...current co-location practice of NC detailers is a JOKE. By the time I am co-located with my husband, we will have been separated 18 months.. (LCDR)

One month lead time on orders is not enough ... to sell my house, get the kids out of school, move to a new area, and get into a new place... (LCDR)

... orders are received at commands with little notice ... e.g., orders for Puerto Rico received in mid-May with a detach date for mid-June. (CDR)

...after being told that the 2 yrs of independent duty on Adak, Alaska was equivalent to carrier duty... I may get assigned to a duty station with several CRNA's but... I may be the only male... automatically assigned to all TAD carrier tours...(LCDR)

Related to the subject of assignments were a large number of comments critical of detailers. Detailing personnel were characterized as rude, brusk, uninformed, failing to return phone messages, and sometimes not delivering on

promised assignments. Anesthetists were particularly outspoken about what they perceived as unnecessarily coupling sea duty with overseas duty. A number suggested that assigning female anesthetists, who cannot serve aboard ship, to remote and/or overseas assignments would relieve some of the strain on families.

It is very frustrating when the person telling you where you're going next, the detailer, won't even take the time to talk to you. (LT)

... the detailer shop is unresponsive to the needs of Navy nurses. Their attitudes and responses to nurses are often curt and rude. Very little is offered in the way of options. (LCDR)

I just return from carrier duty to get orders to a remote foreign MTF... why can't the Navy send female CRNAs to those assignments, and let me have some time with my family. (LCDR)

Uniforms. Negative comments about the female working uniform were commonplace. Most criticisms addressed pockets which are inappropriately located and of insufficient size to carry materials routinely carried by nurses. There were also some comments critical of the style of the uniform, and about the lack of uniform availability in remote areas.

Hard shoulder boards get soiled easily and can't be machine washed. (ENS)

...they never seem to have female white shoes in my size at the exchange in ... Japan. (LT)

Who represents nurses when uniform decisions are made? (LCDR)

... uniforms are totally impractical... (CAPT)

Work Scheduling. Work schedules were severely criticized. The bulk of complaints related to the frequency of shift rotation. Many felt that the frequent changes impeded circadian adjustment and led to decreased performance effectiveness. Many respondents alluded to current research findings both within the Navy and the academic sectors regarding ways to enhance effectiveness and QWL through shift schedule innovations. Other remarks addressed the lack of advance notice of schedules, and the degree of difficulty associated with getting changes, or scheduling time off to coincide with spouse vacations and the like.

I am very surprised that the Nurse Corps continues to ignore studies done on the effect of rotating shifts... (ENS)

... the strain rotating shifts and uncertain schedules puts on my family life. I want to spend time with my wife and child, but it's so difficult to plan in advance. (ENS)

... lack of flexibility when it comes to scheduling. Why does everybody have to do it the same way? (LT)

...pockets too small for pens, scissors, clamps, penlights, etc. (LT)

Rotating schedules prevent participation in advanced degree programs. (LT)

DISCUSSION

The QWL experienced by anyone is not merely job satisfaction (Lawler, 1975). It is comprised of many work-related factors: pay and benefits, job security, job characteristics, working conditions, organizational leadership, the amount of influence we have, the quality of our interpersonal relations, and whether or not we feel that we can grow and develop our full potential in our careers (Walton, 1975).

It is important to ask why QWL should be of concern to top management. Traditionally, the QWL interventions in most organizations have been driven by one of two factors: low productivity or high turnover. However, as Lawler (1980) has pointed out, it is possible to have a low quality of work life, yet experience acceptable productivity and employee retention. This is due partly to the fact that productivity and retention are not entirely driven by QWL factors. For example, in economically depressed times, employees are likely to be productive just to retain their jobs. Of course, QWL interventions can have a positive effect on productivity and retention (e.g., Hackman & Oldham, 1980; Lawler, 1978). Furthermore, there are other important QWL-related concerns such as team functioning, the quality of goods and services produced, and job stress-related illness to name a few. Such outcomes can have direct as well as indirect impact on operating costs and organizational economic well-being.

This study identified a variety of factors that detract from the quality of work life for Navy nurses. In the predictive sense, results of data analyses demonstrated that QWL factors predicted job satisfaction, job performance, turnover intentions (retention), and perceptions of the quality

of nursing care in Navy medical treatment facilities. Even though in an absolute sense, the three most common outcome variables used to indicate work-related problems (i.e., performance, retention, and general job satisfaction) did not seem to be problematic for Navy nurses, ironically, this finding does not lead to the conclusion that there are no work-related problems affecting Navy nurses. Generally, **nurses viewed the quality of their work life negatively, and this was shown to relate to the quality of nursing care as they perceived it.**

The conclusions that performance, retention, and satisfaction are not problematic; yet quality of work life and quality of care are problematic seem to be incompatible. However, for occupations, such as nursing, in which a high level of intrinsic reward is common, it is possible for QWL to be poor without affecting productivity. That is, if nurses perceive their work as important (e.g., providing an important social service, helping others), personally fulfilling (e.g, source of pride, sense of accomplishment), and motivating (e.g., enhanced self-esteem, satisfaction in a job well done); then nurses are likely to be productive under difficult conditions (Guion, 1958; Lawler & Hall, 1970; Lodahl & Kejner, 1965). Moreover, if there are few career options within one's occupation that offer better QWL, then individuals are likely to persevere despite a low QWL (Rabinowitz & Hall, 1977).

A poor QWL will inevitably have an impact on performance. However, Lawler (1970) has argued that poor QWL is more likely to affect the quality rather than the quantity of performance -- a conclusion supported by the data presented in this report. If, in fact, the low quality of work life among Navy nurses is reducing nursing care quality to some extent (and not just the

perception of quality), it seems reasonable to examine how Nurse Corps QWL might be improved. As was mentioned earlier in this report, **most of the problematic areas of QWL are ones that are amenable to intervention.** In fact, nearly all QWL problem areas are addressed in the Navy Medical Department Leadership and Management Education and Training (LMET) program. **There is not a single QWL problem area identified in this data which is not addressed in the LMET curricula.**

LMET will likely prove to be a satisfactory long-term solution to many of the QWL problems identified here as long as the Nurse Corps fully participates in that program. Nevertheless, some of the QWL problems are open to interventions which may have a more immediate impact. Career guidance was shown to be a pervasive problem, and was a major source of dissatisfaction among nurses. It might be useful to conduct a quality circle among the NMPC nurse detailing branch to sensitize staff to the problem, and to work together to identify ways to improve matters at the detailer level. Likewise, similar team building sessions might be useful for directors of nursing services throughout the Navy. Regional workshops might be developed, that would help DNSs become aware of QWL problems, and to formulate strategies for improvement in their medical treatment facilities. DNSs, could return to their MTFs to conduct workshops among their nursing supervisors using information and strategies developed at regional DNS workshops.

Because there was widespread evidence that many nurses perceive themselves to be both overworked and ineffectively scheduled on work shifts, it would seem appropriate to examine ways to implement a system of workload management that could improve personnel utilization. It may be that strict

adherence to a single shift rotation procedure does not always result in maximal quality of care. These data certainly suggest that a large number of nurses are experiencing emotional stress regarding shift rotation. The Navy Medical Department might consider inclusion of specialized shift rotation procedures as part of any workload management system it adopts. Certainly, additional study of these issues is warranted.

Another strategy for dealing with QWL problems is to air them, and allow people to share their ideas about how to improve things. Top echelon nurses could tour major Navy MTFs to share survey results, solicit suggestions for change, and demonstrate that management is concerned, and wants to become more aware of their problems. Such gatherings could be scheduled to coincide with the recommended regional workshops for DNSs.

There are of course other methods for dealing with the problems identified in this report. According to Ralph Kilmann (1985), research consistently demonstrates that no matter what approach is employed to deal with QWL-related problems, a well-conceived, and well-supported plan must be developed, preferably in consultation with organizational development professionals, and, there must be commitment to change among the top echelon of the Nurse Corps -- a commitment to work on these problems over the long run -- or efforts are likely to fail.

NOTES

1. An oblimin rotation procedure was used because the performance elements were assumed to be correlated. Oblimin rotation facilitates factor interpretation. It does not effect the amount of variance accounted for by each component (i.e., determine the number of factors to interpret). Although a third component had an eigenvalue of one, the Cattell scree test suggested that the third factor was marginal (i.e., likely due to error variance). Furthermore, only two variables in the third component had a high enough loading to warrant interpretation. Consequently inclusion of the third factor did not seem warranted given the objective of deriving a single overall score.

2. Computation of the final overall performance score resulted in almost every subject having a unique score (i.e., the original range between 1 and 7 increased to between 1 and 225). The result was to produce a nearly flat distribution. In order to transform the scores into a more conceptually useful 5-point integer metric, square roots were taken and divided by three. This procedure yielded an nearly normal distribution without changing the relative size of ratings (i.e., if A was rated higher than B, the transformation maintained that difference).

3. Although both interpersonal relations and downward influence had significant beta weights, these weights cannot be directly interpreted as adding independent prediction. That is because these two variables are functioning as "suppressor variables" (Darlington, 1968) in that the weights are negative, yet the correlations with the dependent measure were positive and insubstantial. Suppression occurs when a variable predicts a criterion measure solely through its correlation with another predictor.

REFERENCES

Adams J. S. (1963). Wage inequities, productivity, and work quality. Industrial Relations, 3, 9-16.

Blau G. J. (1985). The measurement and prediction of career commitment. Journal of Occupational Psychology, 58, 277-288.

Bateman, T. S., & Strasser (1984). A longitudinal analysis of the antecedents of organizational commitment. Academy of Management Journal, 27, 95-112.

Bruni, J. R., & Morrison, R. F. (in progress). Fleet perceptions of SWO career path changes. Navy Personnel Research & Development Center, San Diego, CA. Technical Report.

Butler, M. C., Bruder, P. T., & Jones, A. P. (1981). Organizational Commitment. Navy Medicine, 72, 16-20.

Butler, M. C., Johnson, L. A., & Bruder, P. T. (1982). Perceived role and task characteristic influences on satisfaction, commitment, and turnover decision-making in three health care occupations. Naval Health Research Center, TR # 82-13.

Darlington, R. B. (1968). Multiple regression in psychological research and practice. Psychological Bulletin, 69, 161-182.

Graen, G. B., Orris, J. B., & Johnson, T. W. (1973). Role assimilation process in a complex organization. Journal of Vocational Behavior, 3, 395-420.

Guion, R. (1958). Industrial morale - the problem of terminology. Personnel Psychology, 11, 59-61.

Hackman, J. R., & Oldham, G. R. (1980). Work redesign. Reading, MA: Addison-Wesley.

Hall, D. T. (1986). Breaking career routines: Midcareer choice and identity development. In D. T. Hall & Assoc. (Eds.) Career development in organizations. San Francisco, Josey-Bass.

Kilmann, R. H. (1985). Beyond the quick fix. San Francisco: Josey-Bass.

Kahn, R. L., Wolfe, D. M., Quinn, R. P., Snoek, J. D., & Rosenthal, R. A. (1964). Organizational stress: Studies in role conflict and ambiguity. New York: Wiley.

Lawler, E. E. (1970). Job attitudes and employee motivation: Theory, research, and practice. Personnel Psychology, 23, 233-237.

Lawler, E. E. (1975). Measuring the psychological quality of working life: The why and how of it. In L. E. Davis and L. E. Chernis (Eds.) The quality of working life. The Free Press:New York.

Lawler, E. E. (1978). The new plant revolution. Organizational Dynamics, 6,2-12.

Lawler, E. E. (1980). Legislation and the quality of work life. In E. E. Lawler, III, D. A. Nadler, & C. Cammann (Eds.) Organizational Assessment: Perspectives on the measurement of organizational behavior and the quality of work life. New York, John Wiley & Sons.

Lawler, E. E., & Hall, D. T. (1970). Relationship of job characteristics to job involvement, satisfaction, and intrinsic motivation. Journal of Applied Psychology, 49, 24-33.

Lodahl, T. M., & Kejner, M. (1965). The definition and measurement of job involvement. Journal of Applied Psychology, 49, 24-33.

London, M. & Stumpf, S. A. (1986). Individual and organizational career development in changing times. In D. T. Hall & Assoc. (Eds.) Career development in organizations. San Francisco, Josey-Bass.

Miller, H. E., Katerberg, R., & Hulin, C. L. (1979). Evaluation of the Mobley, Horner, and Hollingsworth model of employee turnover. Journal of Applied Psychology, 64, 53-59.

Mowday, R. T., Steers, R. M., & Porter, L. W. (1979). The measurement of organizational commitment. Journal of Vocational Behavior, 14, 224-247.

Rabinowitz, S., & Hall, D. T. (1977). Organizational research on job involvement. Psychological Bulletin, 84, 265-288.

Rusbult, C. E., & Farrell, D. (1983). A longitudinal test of the investment model: The impact on job satisfaction, job commitment, and turnover of variations in rewards, costs, alternatives, and investments. Journal of Applied Psychology, 68, 429-438.

Sheridan, J. E., & Vredenburgh, D. J. (1978). Usefulness of leadership behavior and social power variables in predicting job tension, performance, and turnover of nursing employees.

Spencer, D. G. (1986). Employee voice and employee retention. Academy of Management Journal, 29, 488-502.

Stamps, P. L., Piedmont, E. B., Slavitt, D. B., & Haase, A. M. (1978). Measurement of work satisfaction among health professionals. Medical Care, 16, 337-352.

Steel, R. P., & Ovalle, N. K. II, (1984). A review and meta-analysis of research on the relationship between behavioral intentions and employee turnover. Journal of Applied Psychology, 69, 673-686.

Super, D. E. (1982). The relative importance of work. The Counseling Psychologist, 10, 95-103.

Walton, R. E. (1973). Quality of working life: What is it?. Sloan Management Review, 11-21.

Walton, R. E. (1975). Criteria for quality of working life. In L. E. Davis and L. E. Chernis (Eds.) The quality of working life. The Free Press:

APPENDIX I

Organizational Assessment Questionnaire Scales

VARIABLE DESCRIPTION	ITEMS	MEAN	ALPHA
CRITERION MEASURES:			
Measures were developed specifically for this study, or were adapted from published scales when referenced. (normally on 7-point scale)			
General Job Satisfaction (Hackman & Oldham, 1974)	3	5.0	.87
Measures how one feels about their job overall.			
General Navy Satisfaction	1	5.1	NA
Measures one's degree of satisfaction with the Navy organization.			
Turnover Intention	2	1.5	.86
Measures intent to leave the Navy during the next 2 years. (3-point scale)			
Performance	12	3.6	.93
An overall measure of performance based primarily on adequacy of patient assessment and subsequent follow-up. (5-point scale)			
General Quality of Nursing Care (Rieder & Jackson, 1984)	4	4.0	.72
Measures perceived quality of nursing care relative to established medical standards.			
Overall Quality of Work Life	29	4.6	NA
An overall index of QWL based on the grand mean of all QWL factor scores.			

APPENDIX I (Cont.)

Organizational Assessment Questionnaire Scales

VARIABLE DESCRIPTION	ITEMS	MEAN	ALPHA
CAREER-RELATED FACTORS:			
Measures were adapted from published scales as referenced. (all on 7-point scale)			
Career Commitment (Butler, Johnson, & Bruder, 1982)	7	4.8	.84
Measures the amount of emphasis placed on one's Navy career.			
Professional Commitment (Miller & Wagner, 1971)	5	3.7	.89
Measures the amount of emphasis placed on one's career as a professional nurse.			
Administrative Role Emphasis (Miller & Wagner, 1971)	3	4.9	.93
Measures the extent to which one emphasizes administrative roles as important to career development.			
Clinical Role Emphasis (Butler, Johnson, & Bruder, 1982)	3	4.7	.55
Measures the extent to which one emphasizes filling the role of a clinical nurse specialist as important to career development.			
Sense of Achievement (See QWL Domains)			
Measures the degree to which one derives an intrinsic sense of achievement from doing her/his job.			

APPENDIX I (Cont.)

Organizational Assessment Questionnaire Scales

VARIABLE DESCRIPTION	ITEMS	MEAN	ALPHA
QUALITY OF WORK LIFE DOMAINS:			
Adapted from the Minnesota Satisfaction Questionnaire (Weiss, Dawis, England, & Loftquist, 1967) (all 7-point scales)			
Pay & Benefits Domain	5	5.0	NA
Overall indicator of satisfaction with the adequacy of salary and other benefits based on the mean of domain factor scores.			
Salary	4	5.2	.92
Measures satisfaction with the amount of pay received for one's job.			
Job Security	4	5.2	.89
Measures the degree to which one feels that their job is secure.			
Job Benefits	4	5.2	.86
Measures satisfaction w/ fringe benefits.			
Social Status	4	4.8	.79
Measures satisfaction with the amount of prestige associated with being a Navy Nurse Corps Officer.			
Education & Training	4	4.0	.82
Measures satisfaction with the amount and availability of job training and educational opportunities supported by the Navy.			

APPENDIX I (Cont.)

Organizational Assessment Questionnaire Scales

VARIABLE DESCRIPTION	ITEMS	MEAN	ALPHA
Job-Related Rewards Domain	5	5.1	NA
Overall indicator of satisfaction with the adequacy of intrinsic rewards and extrinsic recognition based on the mean of domain factor scores.			
Patriotic Expression	3	5.6	.80
Measures satisfaction with one's ability to express a sense of duty and patriotism through Navy service.			
Help Others	3	5.6	.86
Measures satisfaction with the opportunities afforded by the job to help other people.			
Sense of Achievement	4	5.3	.83
Measures the degree to which one derives an intrinsic sense of achievement from doing her/his job.			
Creative Expression	3	4.8	.90
Measures opportunities afforded by one's job to be creative and formulate imaginative solutions to problems.			
Recognition	3	4.0	.91
Measures satisfaction with the degree to which one feels recognized by the Navy for job accomplishments.			

APPENDIX I (Cont.)

Organizational Assessment Questionnaire Scales

VARIABLE DESCRIPTION	ITEMS	MEAN	ALPHA
Working Conditions Domain	6	4.4	NA
Overall indicator of satisfaction with the conditions under which one is expected to work based on the mean of domain factor scores.			
Job Variety	3	4.9	.89
Measures the opportunity one has to do different and challenging tasks.			
Skill Utilization	3	4.9	.86
Measures the degree to which one's skills are being appropriately put to use.			
Work Environment	4	4.6	.88
Measures satisfaction with housekeeping, habitability, and structural design of the work place.			
Work Scheduling	3	4.2	.89
Measures satisfaction with how fairly and adequately work rotations are assigned.			
Resource Support	4	4.1	.92
Measures satisfaction with the availability of supplies and equipment necessary to do one's job.			
Workload	4	3.7	.88
Measures the degree to which one feels overworked.			

APPENDIX I (Cont.)

Organizational Assessment Questionnaire Scales

VARIABLE DESCRIPTION	ITEMS	MEAN	ALPHA
Downward Influence Domain	3	4.7	NA
Overall indicator of satisfaction with one's personal ability to lead and influence subordinates based on the mean of domain factor scores.			
Opportunity to Lead	3	5.2	.84
Measures perceived opportunity to participate in leadership roles.			
Authority to Discipline	3	4.6	.89
Measures perceived amount of authority to discipline subordinates.			
Authority to Reward	2	4.4	.83
Measures perceived amount of authority to reward subordinates.			

APPENDIX I (Cont.)

Organizational Assessment Questionnaire Scales

VARIABLE DESCRIPTION	ITEMS	MEAN	ALPHA
Interpersonal Relations Domain Overall indicator of satisfaction with the quality of work-related interpersonal relationships.	4	4.5	NA
Co-workers Measures satisfaction with social relations with co-workers in a non-work setting.	3	4.7	.78
Social Measures satisfaction with the quality of social interaction with co-workers.	4	4.5	.90
Civilians Measures satisfaction with interaction with civilian nurse co-workers.	4	4.5	.90
Inter-Dept. Measures satisfaction with cooperative relations between departments at one's MTF.	3	4.4	.87
Physicians Measures satisfaction with relations with physicians.	3	4.2	.87

APPENDIX I (Cont.)

Organizational Assessment Questionnaire Scales

VARIABLE DESCRIPTION	ITEMS	MEAN	ALPHA
Leadership Domain	5	4.2	NA
Overall indicator of satisfaction with the quality of leadership experienced on the job based on the mean of domain factor scores.			
Leader Trust & Support	6	4.8	.95
Measures the degree of trust and support expressed by one's supervisor.			
Technical Leadership	5	4.7	.93
Measures the extent to which one's supervisor helps facilitate job accomplishment through technical and managerial guidance.			
Performance Feedback	4	4.4	.90
Measures perceived frequency and appropriateness of supervisor feedback on performance.			
Management Concern & Awareness	4	3.6	.39
Measures the extent to which top administrators appear to be aware of job-related problems, and express interest in affecting improvements.			
Career Guidance	3	3.5	.89
Measures satisfaction with the accuracy and availability of information provided to aid in career planning.			

APPENDIX II

Behavioral Rating Scale for Nursing Performance

VARIABLE DESCRIPTION	ITEMS	MEAN	ALPHA
PATIENT ASSESSMENT	8	3.5	.92
How often and how well the rated nurse develops a patient profile, assesses patient needs on the basis of examination and observation, and then prioritizes those needs.			
NURSING FOLLOW-UP	4	2.6	.96
How often and how well the rated nurse updates the patient profile, documents changes, and revises the treatment plan accordingly.			

APPENDIX III

Organizational Assessment Questionnaire Mean Item Responses

NAVY NURSE CORPS ORGANIZATIONAL ASSESSMENT QUESTIONNAIRE

• FOR OFFICIAL USE ONLY •

DISCLOSURE STATEMENT

This survey represents a major effort to systematically obtain input from all Navy Nurse Corps officers. All Navy Nurse Corps officers are urged to participate. The purpose of this study is threefold: 1) to define the nature and extent of problems perceived by the various Nurse Corps specialty groups; 2) to gather baseline information for guiding decision-making; and 3) to identify factors that affect morale and job satisfaction, impact on individual nurse performance and quality of patient care, and influence possible intentions to leave the Navy. This study was initiated at the request of the Director of the Navy Nurse Corps and has her full endorsement.

Many of the items included in this questionnaire are based upon extensive field interviews with nurses from all levels and specialties. In addition, a pilot study was conducted on a random sample of nurses to ensure that items were relevant to a majority of nurses. We recognize that the questionnaire is somewhat lengthy, but we ask that you bear with us and work through to the end. The questionnaire should take you 30-45 minutes to complete.

You should understand that ALL questionnaire answers that you provide WILL BE TREATED AS CONFIDENTIAL, and will be used for Nurse Corps RESEARCH PURPOSES ONLY. All responses will be returned directly to the Research Department, Naval School of Health Sciences, Bethesda, Maryland, where they will be transferred to magnetic media. The data will remain on file indefinitely. It will NOT be possible to identify any single individual in the data or in any summary reports derived from this survey.

Additionally, you should understand that your participation in this study is encouraged, but voluntary; you may withdraw at any time without prejudice. Although there may be no direct benefits to you personally for your participation, your involvement now may be of benefit to other Nurse Corps officers in the future.

Finally, you should also be aware that if you have any questions regarding this study in the future, you can contact the following individual, who will assist you:

Nurse Corps Survey Project Officer
Research Department, Naval School of Health Sciences
Bethesda, Maryland 20814-5033
AUTOVON: 295-1467

- -

GENERAL INSTRUCTIONS

1. You will note a Survey ID Number stamped at the top of this page. The purpose of this number is to link all the parts of your response together. It is NOT for the purpose of tracking the identity of any respondent. Please take the time now to mark this number in the spaces indicated at the TOP LEFT of both sides of the SCANTRON answer sheet provided. Make sure to mark only one digit per SCANTRON line.

2. On the TOP RIGHT corner of both sides of the SCANTRON answer sheet you will find a place to mark "Side One" or "Side Two"; mark the answer space for "Side One" on the side of the sheet you begin on, then mark the "Side Two" answer space on the opposite side where you will finish.

3. This survey consists of eight sections, each one contains its own set of instructions. Respond to all questionnaire items directly on the SCANTRON answer sheet except for narrative remarks you may wish to add at the end.

4. Please answer all items, and select only one response for each item. If an item does not completely apply to your situation, try to select the closest or best answer from the alternatives provided.

5. If you are a STAFF NURSE on an inpatient ward, you will find an additional brief survey with instructions and return envelope attached. (If you did not receive one through some oversight, please contact your DNS.) Please read and follow the instructions as noted. This is a vital part of the survey effort.

6. If you have a thought on a topic or wish to express a detailed comment, please do so in section VIII where space is provided for written comments.

7. Please complete the questionnaire and return your responses as soon as possible after receipt in the provided envelope. This will greatly facilitate timely data analysis and reporting of results.

THANK YOU FOR YOUR COOPERATION

OPNAV 6010-5(OT)
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NSHS NCS:TPS 0686

SECTION I

The information requested in this section, although somewhat personal, is needed as a basis for classifying and grouping individuals for computing descriptive statistics and evaluating relationships with other variables measured in the questionnaire. As you are probably aware, most of the information requested in this section could be obtained by name and Social Security Number; however, in an effort to keep each respondent anonymous, we ask that you assist us by providing the information.

Directions: The following questions concern your general background. Please mark the box on the SCANTRON form that corresponds to the most appropriate answer to each item. Select one response per item only.

NOTE: "." = UNDER 1%

1. Rank:

11 1. ENS
12 2. LTJg
31 3. LT
29 4. LCDR
11 5. CDR
3 6. CAPT
. 7. Beyond CAPT

2. Age:

6 1. 24 years or less
19 2. 25-29 years
30 3. 30-34 years
30 4. 35-39 years
10 5. 40-44 years
4 6. 45-49 years
1 7. 50 years or more

3. Sex:

27 1. Male
73 2. Female

4. Marital status:

35 1. Never Married
55 2. Married
9 3. Separated/Divorced
1 4. Widowed

5. Highest degree completed:

12 1. Nursing diploma
64 2. Bachelor's nursing
4 3. Bachelor's other
9 4. Master's nursing
11 5. Master's other
. 6. Doctorate

6. Is your spouse active duty military?

1. No 38%
2. Yes 19%
3. Not married 43%

7. Number of dependents:

55 1. None
15 2. 1
11 3. 2
17 4. 3-4
2 5. 4-5
. 6. 6-7
. 7. 8 or more

8. Duty status:

1. USN 66%
2. USNR (active) 34%

9. Years active duty commissioned service:

24 1. 0 through 3
16 2. 4 through 6
17 3. 7 through 9
13 4. 10 through 12
17 5. 13 through 17
9 6. 16 through 21
2 7. 22 or more

10. Do you have broken service?

1. No 80%
2. Yes 20%

11. Years prior active duty enlisted service:

74 1. None
17 2. 0 through 4
8 3. 5 through 8
1 4. 9 through 12
. 5. 13 or more

12. Are you presently serving overseas?

1. No 87%
2. Yes 13%

13. Years civilian nursing:

34 1. None
38 2. 0 through 2
15 3. 3 through 5
7 4. 6 through 8
4 5. 9 through 11
2 6. 12 through 14
. 7. 15 or more

14. Months remaining in current service obligation:

41 1. No current obligation
7 2. 0-6 months
8 3. 7-12 months
12 4. 13-18 months
11 5. 19-24 months
1 6. 25-30 months
. 7. 31 or more

15-16. Present command: (Mark 2-digit number from facility list provided - one digit per SCANTRON line - check your position.)

17. Months at present command:

9 1. 0 through 3
8 2. 4 through 6
19 3. 7 through 12
27 4. 13 through 24
24 5. 25 through 36
10 6. 37 through 48
3 7. 49 or more

18. Duty station type:

84 1. Naval Hospital/Branch Hospital
4 2. Naval Medical Clinic Command
3 3. Branch Clinic/Annex
4 4. Education and Training Activity
2 5. Headquarters Staff (e.g., OASD(HA), MEDCOM, GEOCOM)
1 6. Shipboard Duty
2 7. Other not listed

19-20. Present billet type: (Mark 2-digit number from billet list provided - again, one digit per SCANTRON line - check your position.)

21. Number of people you directly supervise:

22 1. None
20 2. 1-3
19 3. 4-6
9 4. 7-9
31 5. 9 or more

22-23. If you feel yourself to be specialized at this time, what nursing specialty area do you identify with? (Mark 2-digit number from specialty list provided - again, one digit per SCANTRON line - check your position.)

24. Are you presently working in the above specialty area?

1. No 2. Yes
39% 61%

25. Months in present billet:

14 1. 0 through 3
11 2. 4 through 6
23 3. 7 through 12
27 4. 13 through 24
15 5. 25 through 36
5 6. 37 through 48
5 7. 49 or more

SECTION II

Directions: This section of the questionnaire consists of questions related to your perceptions and intentions about a career in the Navy. Please mark your response to each question on the SCANTRON form.

26. If you were inclined to look for another job, how easy would it be for you to find a job with another employer outside the military?

4.6
1. Very difficult
2. Somewhat difficult
3. Uncertain
4. Somewhat easy
5. Very easy

27. How likely is it that you will actively look for a civilian job within the next two years?

1. Very unlikely
2. Somewhat unlikely
2.3
3. Uncertain
4. Somewhat likely
5. Very likely

28. Do you intend to retire from the military within the next two years?

1. No 2. Yes 3. Uncertain
84% 7% 9%

29. Do you intend to get out of the Navy within the next two years?

1. No 2. Yes 3. Uncertain
66% 14% 20%

30. How does your spouse, parent, or whoever is most important to you feel about your being in the Navy?

1. Wants me to get out as soon as possible
2. Thinks I should get out, but it's up to me
3. Doesn't care one way or the other
4. Thinks I should stay in, but it's up to me
5. Thinks the Navy is a good career choice

31. Do you intend to join the Reserves (if eligible) when you leave active duty?

1. No 2. Yes 3. Uncertain
3% 44% 22%

32. What is the probability that you will search for a new job outside the Navy within the next two years?

2.4
1. Very unlikely
2. Somewhat unlikely
3. Uncertain
4. Somewhat likely
5. Very likely

33. Which of the following best describes your spouse's, or parents', or other most important person's attitude toward a Naval career for you?

4.0
1. Extremely displeased
2. Displeased
3. Neither pleased nor displeased
4. Pleased
5. Extremely pleased

34. Given your age, education, experience and the general economic conditions, what do you feel your chance is of finding a suitable position outside the military if you want to?

4.5
1. Very poor chance
2. Somewhat poor chance
3. About an even chance
4. Somewhat good chance
5. Very good chance

35. If given the opportunity within the next two years, you would:

3.4
1. Definitely leave the Navy
2. Probably leave the Navy
3. Not sure about leaving or staying
4. Probably stay with the Navy
5. Definitely stay with the Navy

SECTION III

Directions: Each of the statements below is something that a person might say in reaction to his or her job. Please indicate your own personal feelings about your job by marking the number on the SCANTRON form which corresponds to how much you agree or disagree with each of the statements.

1	2	3	4	5	6	7
Disagree Strongly	Disagree	Disagree Slightly	Neutral	Agree Slightly	Agree	Agree Strongly

4.9 36. Generally speaking, I am very satisfied with this job.

3.3 37. I frequently think about quitting this job.

5.3 38. I am generally satisfied with the kind of work I do in this job.

5.5 39. I feel frustrated and unhappy when I encounter obstacles to performing my job well.

6.3 40. I feel a great sense of personal satisfaction when I do this job well.

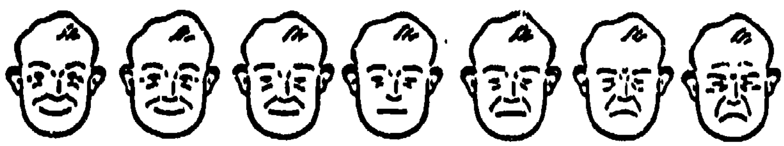
6.2 41. My opinion of myself goes up when I do well.

2.0 42. My own feelings are not affected much one way or the other by how well I am able to perform this job.

- -

Directions: Please consider all aspects of your life and job in the Navy. Mark on the SCANTRON form the number associated with the face below which best expresses how you feel about the Navy.

43.



1	2	3	4	5	6	7
13%	40%	20%	8%	20%	6%	3%

- -

Directions: Listed below is a series of statements representing possible feelings individuals might express regarding their career orientation. Using the scale below, mark on the SCANTRON form the extent to which you agree or disagree with each of the statements.

1	2	3	4	5	6	7
Disagree Strongly	Disagree	Disagree Slightly	Neutral	Agree Slightly	Agree	Agree Strongly

4.8 44. Being able to pursue a career in management or administration is very important to me.

5.4 45. Being able to continue to work in my nursing specialty is very important to me.

3.9 46. In the long run I would rather be respected among specialists in my nursing specialty area than my peers in the Navy.

5.0 47. Having a job which permits me to take on progressively more administrative responsibility is important to me.

5.0 48. I would like to assume a position with substantial managerial responsibility.

4.7 49. It is important to me to be able to practice nursing throughout my career.

SECTION IV

This section contains a number of items intended to assess your perceptions regarding various resources that might affect your ability to do your job as well as you might like. The first part assesses the "importance" of various resources, the second part addresses the "level" of the resource that currently exists on your job.

Directions: Respond to each of the following items by marking on the SCANTRON answer sheet how important or critical the particular resource is to enabling you to perform your job well. Think of each listed resource as it applies to your present job. If the particular resource is not relevant to your job, respond with the number 1.

1	2	3	4	5	6	7
Not Important	Slightly Important	Somewhat Important	Moderately Important	Important	Very Important	Extremely Important

In order for me to do my job well:

5.7 50. The quality of equipment used is:

5.9 51. The availability of equipment used is:

5.7 52. The quality of materials and supplies used is:

6.0 53. The availability of materials and supplies is:

6.3 54. The adequacy of the education and training I have is:

6.2 55. The adequacy of the experience I have is:

5.8 56. The availability of time at work is:

5.9 57. The number of qualified enlisted personnel to support my job is:

4.9 58. The adequacy of clerical support is:

5.4 59. The adequacy of ancillary services support is:

5.8 60. The availability of qualified nurses to support my job is:

5.6 61. The adequacy of the working conditions (e.g., cleanliness, noise, heat, lighting) in my work area is:

5.2 62. The adequacy of the physical design (e.g., space, distances, layout) of my work area is:

5.7 63. The adequacy of information from other departments/areas is:

5.8 64. The adequacy of information regarding policies and procedures is:

5.9 65. The adequacy of information from my supervisor is:

5.8 66. Financial and budgetary support is:

Directions: Mark the number on the SCANTRON answer sheet which best applies to your present job using the descriptors below. If the item is not relevant to your present job, skip it and go to the next item.

1	2	3	4	5	6	7
Extremely Low	Low	Somewhat Low	Medium	Somewhat High	High	Extremely High

4.2 67. The quality of the equipment used on my job is:

4.1 68. The availability of the equipment used on my job is:

4.5 69. The quality of the materials and supplies used on my job is:

4.2 70. The availability of the materials and supplies used on my job is:

5.2 71. The adequacy of the education and training I have to do my job is:

5.4 72. The adequacy of the experience I have to do my job is:

4.5 73. The time available at work to do my job is:

4.5 74. The adequacy of the working conditions (e.g., cleanliness, noise, heat, lighting) in my work area is:

4.2 75. The adequacy of the physical design (e.g., space, distances, layout) of my work area is:

3.9 76. The number of qualified enlisted personnel to support my job is:

3.1 77. The adequacy of clerical support to do my job is:

3.9 78. The adequacy of ancillary services support to do my job is:

1	2	3	4	5	6	7
Extremely Low	Low	Somewhat Low	Medium	Somewhat High	High	Extremely High

4.2 79. The availability of qualified nurses to support my job is:

4.3 80. The adequacy of information from other departments/areas to do my job is:

4.7 81. The adequacy of information regarding policies and procedures to do my job is:

4.7 82. The adequacy of information from my supervisor to do my job is:

3.6 83. The financial and budgetary support to do my job is:

SECTION V

This section contains a series of statements representing possible feelings individuals might have about the Navy Nurse Corps or their choice of nursing as a career.

Directions: Indicate your personal feelings about the Navy Nurse Corps by marking on the SCANTRON form the number corresponding to how much you agree with each of the statements below.

1	2	3	4	5	6	7
Disagree Strongly	Disagree	Disagree Slightly	Neutral	Agree Slightly	Agree	Agree Strongly

5.5 84. I am willing to put in a great deal of effort beyond that normally expected in order to help the Nurse Corps meet its objectives.

2.5 85. I feel very little loyalty to the Nurse Corps.

3.5 86. I would accept almost any type of job assignment in order to keep working for the Nurse Corps.

4.4 87. Often, I find it difficult to agree with the Nurse Corps' policies on important matters relating to its people.

2.0 88. Deciding to work for the Nurse Corps was a definite mistake on my part.

4.3 89. The Nurse Corps really inspires the very best in me in the way of job performance.

5.3 90. I am extremely glad that I chose to work for the Navy Nurse Corps over other organizations I was considering at the time I joined.

- -

Directions: Using the response scale below, select the response which best reflects your feelings about the field of nursing. As much as you can, focus on the field of nursing itself, as opposed to the organizational context of the Navy and the Nurse Corps.

1	2	3	4	5	6	7
Disagree Strongly	Disagree	Disagree Slightly	Neutral	Agree Slightly	Agree	Agree Strongly

4.1 91. If I were completely free to go into any type of job I wanted I would still stay in the field of nursing.

4.6 92. I often think about entering a new and different kind of occupation besides nursing.

3.5 93. The offer of more money in another field would not seriously make me think of leaving nursing.

4.4 94. I sometimes feel like leaving the field of nursing for good.

3.9 95. For me, nursing is the best of all possible careers.

SECTION VI

THIS SECTION IS TO BE COMPLETED BY NURSING SERVICE INPATIENT WARD CHARGE AND STAFF NURSES ONLY. If you are not an inpatient ward CHARGE or STAFF nurse, please skip this section and go to page 8, Section VII. (Use side two of the SCANTRON form for Section VII.)

Directions: Mark on the SCANTRON form the number designated below for the type of ward that you are primarily assigned to (select the ward category that most closely applies). This is the ward that you will be referring to throughout this section. (Mark one digit per SCANTRON line - check your position.)

96-97.

11 = medical
12 = surgical
13 = medical/surgical
14 = critical/intensive care
15 = oncology
16 = nursery
17 = OB/GYN
21 = labor and delivery
22 = orthopedic
23 = pediatric
24 = psychiatric

- -

Directions: The following items are intended to elicit your perceptions regarding how frequently a variety of direct and indirect nursing care activities are performed during the DAY shift on the ward to which you are primarily assigned. Consideration should be given to the activities of corpsmen as well as nurses whenever appropriate.

Please consider nursing care activities, in general, on the ward to which you have been primarily assigned over the past two month period. Do not consider the nursing care activity of any single nurse or corpsman in isolation, but try to respond in accordance with the overall frequency of staff performance in each activity listed.

Some nursing activities have examples identified. The examples are not intended to be a complete list, but are provided to assist you in understanding the content of each activity. Please use the following response scale in describing the overall frequency of performance of each category of nursing activity. If a specific nursing activity is not applicable to your ward, respond with N/A.

For Each Nursing Care Activity:

(6) represents "N/A" or not applicable
(5) represents "Always" or 100% of the time
(4) represents "Almost Always" or 90 to 99% of the time
(3) represents "Most of the time" or 80 to 89% of the time
(2) represents "Frequently" or "60 to 79% of the time
(1) represents "Sometimes" or less than 60% of the time

On the basis of your actual observations, mark on the SCANTRON form the number that indicates the overall frequency with which each nursing activity is appropriately performed on your ward. Your reference regarding appropriateness should be a standard of "state of the art" care, such as you might desire for yourself, regardless of the constraints your ward may be operating under. Please base your responses on activities observed during the day shift (even though you may rotate shifts), and respond with regard to the general frequency of performance of each category of nursing care relevant to your ward only.

1	2	3	4	5	6
Sometimes	Frequently	Most of the time	Almost Always	Always	N/A

4.0 98. Basic hygienic care (bathing, clean linen, oral hygiene, skin care).

4.1 99. Basic feeding and toileting (assistance with meals if needed, fluids forced, prompt care of elimination needs).

4.0 100. Mobility (turning as needed, ambulation, assistance in getting out of bed as needed, up in wheelchair, positioning).

4.3 101. Medications, IV's (given as ordered and within time limits).

4.0 102. Communication with patient and/or family (explanation of procedures, teaching, orientation, emotional support).

4.2 103. Special procedures (oxygen maintained, dressings changed as needed, irrigations, catheter care, etc.).

4.3 104. Observation of patients (nursing assessment, checking on signs, symptoms).

3.5 105. Rounds with or assist MD with special procedures.

1	2	3	4	5	6
Sometimes	Frequently	Most of the time	Almost Always	Always	N/A

4.4 106. Vital signs (taken as indicated or ordered).

4.2 107. Implementation of new orders without undue delay (discharge orders, routine and stat orders).

3.9 108. Documenting nursing care.

4.3 109. Processing and implementing new physician's orders.

4.0 110. Processing and implementing new nurse's orders.

3.3 111. Initiating and updating patient care plans.

4.3 112. Making patient rounds.

3.6 113. Performing administrative duties (committee meetings, staff scheduling, performance evaluations).

3.4 114. Insuring scheduled meal times and break periods for ward personnel.

3.9 115. Orienting new personnel

- -

Directions: Each of the statements below is something that a nurse might say regarding the nursing care provided on his or her ward. Mark on the SCANTRON form the number representing the extent you agree or disagree with each statement as it applies to the ward you primarily work on. Please try not to "adjust" your responses because of any working conditions or constraints that might affect the staff's ability to provide high quality care.

1	2	3	4	5	6	7
Disagree Strongly	Disagree	Disagree Slightly	Neutral	Agree Slightly	Agree	Agree Strongly

5.2 116. There is room for improvement here in order to meet professional standards of nursing care.

4.8 117. The quality of nursing care provided here is as high as it should be in any hospital.

4.2 118. It is very unlikely that a life threatening nursing error will occur here.

3.3 119. Compromises in quality of care are made here that have an impact on the treatment and recovery of patients.

- -

Directions: FOR NURSING SERVICE WARD STAFF NURSES ONLY:

120. Did you give your immediate supervisor the behavioral rating scale provided in your questionnaire packet to complete? Please mark the SCANTRON form with your answer.

1 = No	2 = Yes	3 = I did not receive one
5%	62%	33%

SECTION VII

This section of the survey asks you to indicate your attitude about specific aspects of your present job. While some of the statements below may appear similar to each other, no two items are identical. Statements that are closely related to one another will be combined later to form indexes to increase the reliability of the survey.

Directions: Begin marking your responses to this section on the reverse side of the SCANTRON form you just completed (side two). If you have not already done so, mark the box indicating "Side Two" of the SCANTRON form at the upper right of the form, and enter your Survey ID Number again where indicated.

Read each statement carefully. Then decide for yourself whether you are satisfied or dissatisfied with that aspect of your present job. Indicate "how satisfied" or "how dissatisfied" you are by choosing the response below which best represents your attitude. Please answer every item.

1	2	3	4	5	6	7
Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Neutral	Slightly Satisfied	Moderately Satisfied	Very Satisfied

On your present job, how do you feel about:

5.5 1. Being able to see the results of the work you do.

4.8 2. The chance to make the best use of your abilities.

3.6 3. The way promotions are determined.

3.3 4. The accuracy of long-term career planning information.

5.3 5. The chance to have others look to you for leadership.

4.1 6. The way your duty station preferences are considered.

3.7 7. The time pressures of your job.

4.2 8. Your work schedule.

5.8 9. The opportunity to make a contribution to your country.

4.0 10. The opportunity to receive additional training to obtain new nursing skills.

5.1 11. Your pay and the amount of work you do.

5.4 12. Your fringe benefits compared to those offered by a civilian job.

4.8 13. The spirit of cooperation among your co-workers.

4.7 14. The chance to try out some of your own ideas.

4.1 15. The recognition you get for the work you do.

5.0 16. The chance to be responsible for planning your work.

5.4 17. Your job security.

4.8 18. The social position in the community that goes with your job.

4.1 19. The respect military physicians have for Navy nurses.

4.7 20. The concern your immediate supervisor shows for the welfare of subordinates.

4.9 21. The technical "know how" of your supervisor.

4.5 22. The opportunity to find out from your supervisor whether you're doing well or poorly.

4.9 23. The chance to do different things from time to time.

4.7 24. The working conditions (ventilation, heating, lighting) on your job.

5.5 25. The opportunity to meet new people.

4.2 26. The availability of the resources you need to do your job.

4.1 27. The cooperation between civilian and military nurses on your job.

4.9 28. The availability of standards on how to do your job.

4.6 29. The communication with other departments.

4.4 30. The authority you have to reward good performers.

3.6 31. The functional practicality of the current nursing uniform.

3.4 32. Top administrators' understanding of your daily problems.

5.4 33. Being able to take pride in a job well done.

4.9 34. The chance to make use of your abilities and skills.

4.2 35. Your chances for advancement.

3.6 36. The guidance available for you to meet long-term career objectives.

5.2 37. The chance to supervise other people.

4.2 38. The advance notice you get for PCS moves.

1 Very Dissatisfied	2 Moderately Dissatisfied	3 Slightly Dissatisfied	4 Neutral	5 Slightly Satisfied	6 Moderately Satisfied	7 Very Satisfied

3.8 39. The amount of work you take home to get your job done.

4.0 40. The chance to schedule your time off.

5.8 41. The chance to serve your country.

4.0 42. The support you get to meet professional nursing requirements (e.g., licensure, recertification, continuing education, etc).

5.5 43. How your pay compares with that of other nurses.

5.4 44. Your military fringe benefits.

5.5 45. The friendliness of your co-workers.

4.7 46. The chance to develop new and better ways to do your job.

3.8 47. The way they usually tell you when you do your job well.

4.8 48. The freedom to use your own judgement.

5.0 49. The way your job provides for a secure future.

5.5 50. The chance to be of service to patients.

4.8 51. The social status that comes with your type of work.

5.0 52. Your professional relationship with physicians you work with.

4.6 53. The way your immediate supervisor backs up his/her people (with top administrators).

4.9 54. The competence of your immediate supervisor in making decisions.

4.8 55. Your supervisor's fairness in evaluating his/her people.

4.9 56. The chance to do many different things on your job.

4.5 57. The physical working conditions of your job.

4.2 58. The chance to socialize with people whose work is different from yours.

4.2 59. The quality of the resources available to do your job.

4.5 60. The teamwork between military and civilian nurses.

4.2 61. The uniformity of standards for your job Navy-wide.

4.4 62. The coordination with other departments/areas.

4.5 63. The authority you have to discipline subordinates.

3.5 64. The quality of uniform (apparel) items.

3.5 65. The concern shown by administrators for the welfare of nursing personnel.

5.4 66. Being able to do something worthwhile.

5.1 67. The chance to utilize your professional skills.

4.0 68. The opportunity for promotions in your specialty area.

4.5 69. The way your immediate supervisor takes care of the complaints of his/her people.

4.6 70. The support you get for your decisions on disciplining your subordinates.

3.6 71. The adequacy of information to make career decisions.

5.1 72. The opportunity to lead other people.

4.0 73. The consideration given for your desires and career objectives in PCS moves.

3.7 74. The number of extra hours you spend per week to get your job done.

4.6 75. The way your immediate supervisor provides help on difficult job-related problems.

5.3 76. Your contribution to the military mission.

4.3 77. The way your working hours are scheduled.

3.8 78. The opportunity to keep up with new developments in your specialty or interest area.

5.1 79. The amount of pay you receive in relation to your training and experience.

4.8 80. Your retirement benefits.

5.1 81. The way your co-workers get along with each other.

4.9 82. The chance to try your own methods of doing your job.

4.0 83. The praise you get for doing a good job.

4.2 84. The influence you have over what changes are made where you work.

5.1 85. The way your job provides for steady long-term employment.

5.6 86. The chance to help people and their families.

4.8 87. The chance to be important in the eyes of others.

3.6 88. Physicians' understanding of what nurses do.

4.9 89. The fairness with which your immediate supervisor assigns work.

3.7 90. The efforts made by top administrators to "keep in touch" with conditions in your work area.

4.9 91. The opportunity to do a variety of tasks.

4.4 92. The way your immediate supervisor trains his/her people.

1 Very Dissatisfied	2 Moderately Dissatisfied	3 Slightly Dissatisfied	4 Neutral	5 Slightly Satisfied	6 Moderately Satisfied	7 Very Satisfied

3.7 93. The frequency with which you find out how well you are doing.

4.3 94. The upkeep of the facility where you work.

4.3 95. The chance for meaningful social contact in your work.

4.0 96. The quantity of the resources to do your job.

4.6 97. The competence of civilian nurses.

4.4 98. The availability of uniform standards for your job.

4.2 99. The planning with other departments.

4.5 100. The backing you get for disciplinary actions on subordinates.

3.7 101. The current Navy nursing uniform.

3.8 102. The leadership of top nursing administrators.

4.5 103. The opportunity to exercise discretion in rewarding your subordinates.

5.0 104. The feeling of accomplishment you get from your job.

3.9 105. The relationship between your job performance and your chances for promotion.

5.6 106. The chance to be of some service to other people.

4.1 107. The adequacy of inservice training.

4.1 108. The amount of pay you get for the responsibility you have.

3.9 109. The influence you have over decisions that affect your job.

5.2 110. Your economic security.

3.6 111. The time available for paperwork.

4.7 112. The respect that you receive for your rank.

4.9 113. The willingness of your supervisor to listen to subordinates.

4.4 114. The chance to know where you stand with your boss.

4.7 115. The cleanliness of the facility where you work.

4.1 116. The adequacy of the resources for doing your job well.

4.2 117. The commitment of civilian nurses.

4.9 118. The ability of your immediate supervisor to communicate instructions.

4.9 119. Your military medical benefits.

5.0 120. Your treatment as an adult by your immediate supervisor.

Please use ink. SECTION VIII SURVEY ID NUMBER:_____

Directions: In this final section you are invited to expand on issues of most importance to you. Because a content analysis of this section is difficult and time consuming, you can facilitate our analysis by organizing and numbering your comments by order of importance. Additionally, feel free to express positive comments as well as any negative comments you may have. Use additional sheets if necessary. When you are done please ensure that your Survey ID Number is recorded on this page; tear off the page, and mail it with the SCANTRON form in the manilla envelope provided. You may retain the questionnaire if you like.

THANK YOU FOR YOUR COOPERATION

APPENDIX IV

Breakdown of Self-Reported Nursing Specialty